

5354 Cemetery Rd.
Hilliard, Ohio 43026
Phone: 614-771-6000
Fax: 614-771-6010

50 N. Sandusky St.
Delaware, Ohio 43015
sdailey@sdaileylaw.com
www.sdaileylaw.com

CUSTODY PACKET GENERAL INFORMATION

CLIENT

Full Legal Name _____
Residence _____
City _____
State _____ Zip Code _____
Phone Number (work) _____
Phone Number (home) _____
Social Security Number _____
Driver's License:
Number _____
Issued by the State of _____
How long has client been a resident of:
County? _____
State? _____
Former (legal/maiden) name: _____
Restore to maiden name: Yes No
Birth date _____ Age _____

OPPOSING PARTY

Full Legal Name _____
Residence _____
City _____
State _____ Zip Code _____
Phone Number (work) _____
Phone Number (home) _____
Social Security Number _____
Driver's License:
Number _____
Issued by the State of _____
How long has client been a resident of:
County? _____
State? _____
Former (legal/maiden) name: _____
Restore to maiden name: Yes No
Birth date _____ Age _____

CHILDREN BY THIS RELATIONSHIP

Full Name	Age	Birth date	Social Security Number
_____	_____	____/____/____	____-____-____
_____	_____	____/____/____	____-____-____
_____	_____	____/____/____	____-____-____

Children attend school in who's school district Father Mother Open enrollment Other, please explain



5354 Cemetery Rd.
Hilliard, Ohio 43026
Phone: 614-771-6000
Fax: 614-771-6010

50 N. Sandusky St.
Delaware, Ohio 43015
sdailey@sdaileylaw.com
www.sdaileylaw.com

Residences of Children for last five years:

1. From ____/____/____ To PRESENT DATE Residing with _____
Complete Address: _____
2. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____
3. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____
4. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____
5. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____
6. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____
7. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____

List any health problems for either party or dependent children _____

CHILDREN BY OTHER RELATIONSHIPS

1. Name _____ Age _____ Birth date ____/____/____
Residing at _____
2. Name _____ Age _____ Birth date ____/____/____
Residing at _____
3. Name _____ Age _____ Birth date ____/____/____
Residing at _____



5354 Cemetery Rd.
 Hilliard, Ohio 43026
 Phone: 614-771-6000
 Fax: 614-771-6010

50 N. Sandusky St.
 Delaware, Ohio 43015
 sdailey@sdaileylaw.com
 www.sdaileylaw.com

HEALTH INSURANCE

	MOTHER	FATHER
Are your child(ren) currently enrolled In a low-income government-assisted Health care program (Healthy Start/ Medicaid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not enrolled, do you have health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship?	YEARLY AMOUNT \$ _____	YEARLY AMOUNT \$ _____
Under the available insurance, what would be the annual premium for a plan covering you along (NOT including children or spouse)?	YEARLY AMOUNT \$ _____	YEARLY AMOUNT \$ _____
If you are enrolled in a health insurance plan through a group or individual plan, which of the following people is/are covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yourself _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your spouse _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minor child(ren) of this relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Number _____
Other individuals _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FATHER - Name of the group (employer or organization that provides health insurance):



5354 Cemetery Rd.
Hilliard, Ohio 43026
Phone: 614-771-6000
Fax: 614-771-6010

50 N. Sandusky St.
Delaware, Ohio 43015
sdailey@sdaileylaw.com
www.sdaileylaw.com

Name of Health Insurance Provider: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Policy Number: _____

MOTHER - Name of the group (employer or organization that provides health insurance):

Name of Health Insurance Provider: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Policy Number: _____

CRIMINAL CASES

Do you or anyone in the household have any criminal convictions, including guilty pleas? Yes No

If so, please complete the following:

Name: _____ What crime: _____

Case Number: _____ County: _____

EMPLOYMENT

CLIENT

Employer _____

Payroll Address _____

City _____ State _____ Zip _____

How long? _____

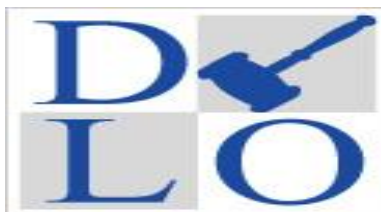
OPPOSING PARTY

Employer _____

Payroll Address _____

City _____ State _____ Zip _____

How long? _____



5354 Cemetery Rd.
Hilliard, Ohio 43026
Phone: 614-771-6000
Fax: 614-771-6010

50 N. Sandusky St.
Delaware, Ohio 43015
sdailey@sdaileylaw.com
www.sdaileylaw.com

Position/Title _____

Position/Title _____

Scheduled pay per year: 12 24 26 52

Scheduled pay per year: 12 24 26 52

BASE YEARLY INCOME

\$ _____ 3 years ago – 20 ____ \$ _____

\$ _____ 2 years ago – 20 ____ \$ _____

\$ _____ Last year – 20 ____ \$ _____

YEARLY OVERTIME, COMMISSIONS AND/OR BONUSES

\$ _____ 3 years ago – 20 ____ \$ _____

\$ _____ 2 years ago – 20 ____ \$ _____

\$ _____ Last year – 20 ____ \$ _____

CURRENT INCOME

\$ _____ Base yearly income \$ _____

\$ _____ Average Overtime \$ _____
Commission/Bonus from last three years

\$ _____ Unemployment \$ _____

\$ _____ Disability \$ _____
(Worker's Comp, Social Security, Other)

\$ _____ Retirement Benefits \$ _____

\$ _____ Spousal Support Received \$ _____

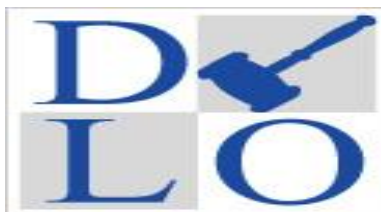
\$ _____ Interest and dividend income \$ _____

\$ _____ Other income \$ _____

\$ _____ TOTAL YEARLY INCOME \$ _____

\$ _____ Supplemental Security Income \$ _____
(SSI or public assistance)

\$ _____ Court-ordered child support \$ _____



5354 Cemetery Rd.
Hilliard, Ohio 43026
Phone: 614-771-6000
Fax: 614-771-6010

50 N. Sandusky St.
Delaware, Ohio 43015
sdailey@sdaileylaw.com
www.sdaileylaw.com

received for minor or dependent child(ren) NOT of this relationship

MONTHLY EXPESSES

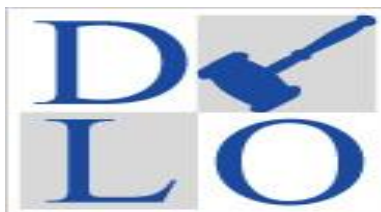
Rent or first mortgage_____	\$_____
Real estate taxes_____	\$_____
Real estate/homeowners insurance _____	\$_____
Second mortgage_____	\$_____
Utilities	
○ Electric_____	\$_____
○ Gas, fuel oil, propane_____	\$_____
○ Water and sewer_____	\$_____
○ Telephone_____	\$_____
○ Trash collection_____	\$_____
○ Internet/Cable/satellite television_____	\$_____
Cleaning, maintenance, repair_____	\$_____
Lawn service, snow removal_____	\$_____
Food:	
○ Groceries (including food, paper, cleaning products, toiletries)_____	\$_____
○ Restaurant_____	\$_____
Transportation	
○ Vehicle loan/leases_____	\$_____
○ Vehicle maintenance (oil, repair, license)_____	\$_____
○ Gasoline_____	\$_____
○ Parking, public transportation_____	\$_____
Clothing	
○ Clothes (other than children's)_____	\$_____
○ Dry cleaning, laundry_____	\$_____
Personal grooming	
○ Hair, nail care_____	\$_____
Cellular phone_____	\$_____



5354 Cemetery Rd.
Hilliard, Ohio 43026
Phone: 614-771-6000
Fax: 614-771-6010

50 N. Sandusky St.
Delaware, Ohio 43015
sdailey@sdaileylaw.com
www.sdaileylaw.com

Work/education-related child care_____	\$_____
Other child care_____	\$_____
Unusual parenting time travel_____	\$_____
Special and unusual needs of child(ren)_____	\$_____
Clothing_____	\$_____
School supplies_____	\$_____
Extracurricular activities or lesions_____	\$_____
School lunches_____	\$_____
Life Insurance_____	\$_____
Auto Insurance_____	\$_____
Health Insurance_____	\$_____
Disability Insurance_____	\$_____
Education Tuition	
o Self_____	\$_____
o Child(ren)_____	\$_____
Books, fees, other_____	\$_____
College loan repayment_____	\$_____
Healthcare expenses	
o Physicians_____	\$_____
o Dentists_____	\$_____
o Optometrists/opticians_____	\$_____
o Prescriptions_____	\$_____
o Other_____	\$_____
Extraordinary obligations for other minor/handicapped child(ren)_____	\$_____
Child support for children who were born of this relationship_____	\$_____
Spousal support paid to former spouse(s)_____	\$_____



5354 Cemetery Rd.
Hilliard, Ohio 43026
Phone: 614-771-6000
Fax: 614-771-6010

50 N. Sandusky St.
Delaware, Ohio 43015
sdailey@sdaileylaw.com
www.sdaileylaw.com

Subscriptions, books _____	\$ _____
Entertainment _____	\$ _____
Charitable contributions _____	\$ _____
Memberships (associations, clubs) _____	\$ _____
Travel, vacations _____	\$ _____
Pets _____	\$ _____
Gifts _____	\$ _____
Bankruptcy payments _____	\$ _____
Attorney fees _____	\$ _____
Required deductions from wages (excluding taxes, social security and medicare) _____	\$ _____
Additional taxes paid (not deducted from wages) _____	\$ _____
Other _____	\$ _____

Installment payments (do not repeat any already listed) (ex. Car, credit cards, rent to own, cash advance)

- To Whom _____
Purpose _____
Balance Due _____ Monthly payment \$ _____
- To Whom _____
Purpose _____
Balance Due _____ Monthly payment \$ _____
- To Whom _____
Purpose _____
Balance Due _____ Monthly payment \$ _____
- To Whom _____
Purpose _____
Balance Due _____ Monthly payment \$ _____
- To Whom _____
Purpose _____



5354 Cemetery Rd.
Hilliard, Ohio 43026
Phone: 614-771-6000
Fax: 614-771-6010

50 N. Sandusky St.
Delaware, Ohio 43015
sdailey@sdaileylaw.com
www.sdaileylaw.com

Balance Due _____

Monthly payment \$ _____

PLEASE DESCRIBE IDEAL PARENTING PLAN:

1. Describe the shared parenting plan for the minor child(ren)
 - a. Residential parent
 - b. Visitation schedule
 - i. Weekends
 - ii. Summer/Spring break
 - iii. Winter break

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

1. Most recent pay advice
2. Income taxes for last two years

Completed by:

Name

Date