

**CLIENT INTAKE FORM
CUSTODY AND VISITATION FOR UNMARRIED PARENTS**

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LAW OFFICE OF MICHAEL A. MASTRACCI, LLC
MikeTheLawyer.com
mike@mikethelawyer.com

Office: (410) 869-3400

Fax: (443) 371-4298

*** *** *** *** *** *** *** *** *** *** *** *** ***

Date: _____ File No. (do not fill in/office use only): _____

Please fill in all spaces in as much detail as possible. Once completed, click "Save As" and name the document "Completed Intake Form." Then, kindly attach to an email and send it back. In the alternative, please print out and fax, or scan and email, to the Law Office of Michael A. Mastracci, LLC.

REASON FOR CONSULTATION

Type of Legal Issue: _____ **Urgency Level:** ____ Immediate
Related issues: _____ ____ Very soon
_____ ____ Checking into things

Referred by: _____

Reason for your interest in this firm:

PERSONAL INFORMATION

Your Full Name: _____

Age: _____ Date of Birth: _____

Last 4 Digits of Social Security Number (for conflicts check): _____

Primary Email Address: _____

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Alternate Email: _____

Primary Phone Number: _____

Alternate Number: _____

Mailing Address: _____

Physical Address (if different): _____

Your Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Work Schedule: _____

Job Duties: _____

Gross annual salary: _____

How would you like to be contacted? (include best days/times, what is the latest time you want to receive calls, as we are not a (9-5 law firm):

Who may we contact if we cannot reach you?

Name: _____

Phone Number: _____

Relationship to you: _____

- *Please let this person know about us.*

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OTHER PARTY'S INFORMATION

Full Name of Other Party: _____

Age: _____ Date of Birth: _____

Other Party's Contact Information: (The other party will not be contacted without your prior approval.)

Other Party's Phone Number: _____

Other Party's Email Address: _____

Mailing Address: _____

Physical Address (if different): _____

Other Party's Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Work Schedule: _____

Job Duties: _____

Gross Annual Salary: _____

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When did this relationship “end” and under what circumstances:

Other Party’s Lawyer (if applicable): _____

Has the ***other party*** filed any court papers Yes _____ No _____ Not sure _____

If yes, when, and what? _____

Do you have a copy for us to look at, or attach? _____

Is there a signed written agreement or a court order? Yes _____ No _____

Have you been served court papers? Yes _____ No _____ **If yes, when:** _____

Have ***you*** filed any court papers regarding this matter? Yes _____ No _____

If yes, what, and when? _____

Do you have a copy for us to look at, or attach? _____

CHILDREN’S INFORMATION:

How many children from this relationship?

Name: _____ DOB: _____ Male ___ Female _____

Name: _____ DOB: _____ Male ___ Female _____

Name: _____ DOB: _____ Male ___ Female _____

Name: _____ DOB: _____ Male ___ Female _____

Name: _____ DOB: _____ Male ___ Female _____

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Are there any child sexual identity / transitioning issues: Yes _____ No _____

Explain: _____

Where is/are the child(ren) primarily residing?

List all the addresses where your child(ren) has/have lived for the past 5 years:

<u>Dates</u>	<u>With Whom each Child or all Children Lived</u>	<u>Address (street, city, state)</u>

What is the current child access schedule (who has the children when and how often) whether by court order, written agreement, or otherwise?

Do you believe you understand the terms joint legal and point physical custody?

Yes _____ No _____ I would like more information _____

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Do you want the other parent to have joint legal custody?

Yes _____ No _____ Unsure _____

Do you want the other to have joint legal physical access?

Yes _____ No _____ Unsure _____

Parenting concerns about the other party: _____

Do you want the other parent to have visitation? Yes _____ No _____

If no, do you want the other parent to have supervised visitation? Please briefly state why. (Please understand that bad parenting that you disagree with is different from dangerous parenting.)

Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give your reasons why, including the specific times you wish to have visitation/custody (i.e., birthdays, holidays, vacations):

Please list your children's present:

a. Religion (if any): _____

b. Doctor (name & address): _____

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c. Dentist (name & address): _____

d. Other Medical (name & address): _____

e. School(s) (name & address): _____

f. Child Care Providers (names & addresses): _____

g. Child's Recreational Activities: _____

Who carries medical/dental insurance on the child(ren)? _____

Company name, phone number and policy number _____

Monthly cost: _____

Is there a child support court order in place? Yes _____ No _____

If not by Court order, is there any direct (from one parent to the other) voluntary child support being paid.

Yes _____ No _____

In what amount(s)? _____

How often? _____

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Are there childcare expenses or extraordinary expenses (such as braces, therapy, special needs items) for the minor child(ren)? Yes / No

Expense: _____

How much: _____

Who pays: _____

Expense: _____

How much: _____

Who pays: _____

Expense: _____

How much: _____

Who pays: _____

Expense: _____

How much: _____

Who pays: _____

Other than above, which parent pays for what child related expenses?

Have you run the Maryland Child Support guidelines to see what should be paid? Yes ____ No ____

What current issues, concerns and/or questions do you have regarding child support?

Do any of the children have special needs or significant health issues? Yes _____ No _____

Explain: _____

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What are your main issues and concerns regarding child related issues?

Have there been any issues of domestic violence? (brief details)

Any prior police calls or protective orders filed? Yes _____ No _____

Details if applicable: _____

On a scale of 1 to 5 with 1 being amicable and 5 being intolerable, how well are you and the other party currently getting along?

- 1- _____ Amicable
- 2- _____ Okay, but some things are problematic
- 3- _____ Sort of ok at times
- 4- _____ Things are bad
- 5- _____ Intolerable

Have you spoken to an attorney(s) about this matter? Yes _____ No _____

Outcome: _____

Is an attorney currently representing you in this matter? Yes _____ No _____

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If Yes, why are you contacting our firm? _____

ADDITIONAL INFORMATION

If you have ever hired an attorney for this case or anything else, please provide a brief description here, including a summary of the overall Attorney-Client experience/relationship (he positive, negative etc.)

How soon would you like to retain counsel for this matter? _____

Please summarize your goals and objectives (both short term and long term).

Tell us anything at all that you think we should know before your paid consultation and strategy session.

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Please include all additional information or related documents and fax, or scan and email to Mike@mikethelawyer.com. When you submit your completed intake form and any attachments, please DO NOT submit pictures of documents.

Notice and Disclaimer: Any consultation is subject to attorney-client privilege and is confidential. However, completing this form and having a paid consultation does not obligate attorney to take any other action on your behalf. Representation beyond an initial consultation does not begin unless or until a signed fee agreement and the specific retainer are received.
