

**IN THE COURT OF COMMON PLEAS OF LAWRENCE COUNTY, PENNSYLVANIA
CIVIL ACTION – CUSTODY / PARTIAL CUSTODY / VISITATION**

_____, : **IN THE COURT OF COMMON PLEAS**
: **Plaintiff,** : **LAWRENCE COUNTY, PENNSYLVANIA**
vs. : : **NO. _____ OF _____, C.A.**
_____, : **Defendant.** :

CUSTODY INQUIRY FORM

**Filed on behalf of:
Plaintiff / Defendant**

**RETURN THIS INQUIRY FORM FOR FILING FIVE (5) DAYS PRIOR
TO THE SCHEDULED CONFERENCE OR HEARING TO:**

**Prothonotary's Office
Lawrence County Government Center
430 Court Street
New Castle, PA 16101**

CUSTODY INQUIRY FORM

I. I am presently living at:

a) Address:

R.D. No. or Street	City/Town	State/Zip Code
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Home Phone Number: _____

Business Phone Number: _____

I have lived at this address for _____ Years and _____ Months

b) Where I am living, there are: (Check and/or provide the number of rooms in spaces provided below)

- | | | |
|--------------------|-----------------------|-----------------------|
| () _____ Bedrooms | () _____ Living Room | () _____ Family Room |
| () _____ Kitchen | () _____ Dining Room | () _____ Bathrooms |
| () _____ Others | | |

c) Ownership Classification – My residency classification is:

- () Own () Joint Ownership () Rent () Sharing () Other

II. The following persons live at this address (include yourself):

<u>Name:</u>	<u>Relationship:</u>	<u>Age:</u>
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a) _____

b) _____

c) _____

d) _____

e) _____

f) _____

III. Employment Status:

- a) I am presently: Employed Unemployed
 Disabled Other

1. Type of work performed or engaged in or qualified for:

2. If disabled, reason or cause of disability:

3. When working, my employment requires that I must be away from home:

Yes No

4. Name, address and phone number of my present or last employer:

5. Name, address and phone number of my previous employer:

IV. I presently work the following schedule(s): (Please circle the days you work)

a) Present or last employer: M T W TH F Sat. Sun.

Hours I work: _____ Shifts I work: _____

b) My previous employer: M T W TH F Sat. Sun.

Hours I worked: _____ Shifts I worked: _____

1. I have worked for my present or last employer: _____Years _____Months

2. I have worked for my previous employer: _____Years _____Months

V. My net weekly income from all sources: \$ _____

VI. Present Physical and Mental Condition is: () Good () Fair () Poor

a) I am presently under a doctor's care: () Yes () No

If yes, please indicate nature of problem:

b) My doctor is: _____

Address: _____

Telephone No.: _____

c) Do you take medication? () Yes () No

Do you drink alcoholic beverages? () Yes () No

VII. Who will supervise the child(ren) when you are at work or away from the residence?

a) Name: _____

Address: _____

Relationship: _____; Age: _____

b) Name: _____

Address: _____

Relationship: _____; Age: _____

c) Name: _____

Address: _____

Relationship: _____; Age: _____

1. Have the person(s) named above agreed to supervise your child(ren)?

() Yes () No

VIII. My present marital status: (Please make an "x" in the appropriate space)

a) () Married: _____/_____/_____
Month Day Year

b) () Separated: _____/_____/_____
Month Day Year

c) () Divorced: _____/_____/_____
Month Day Year

d) () Remarried: _____/_____/_____
Month Day Year

e) () Unmarried: _____

f) () Divorce Pending: _____

IX. Child(ren) for whom custody, partial custody or visitation is sought:

Name: _____ Date of Birth: _____ Sex: _____ Age: _____

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

X. The child(ren) is/are presently living with:

a) Name: _____
Address: _____
Relationship: _____; Age: _____

1. How long have the minor(s) been living with this person?
_____ Years _____ Months _____ Days

2. Who did the minor(s) live with before and for how long?
Name: _____
Address: _____
Relationship: _____; Age: _____
_____ Years _____ Months _____ Days

XI. How was the present living arrangement for child(ren) determined?

- a) () Mutual Agreement dated: _____
- b) () Court Order dated: _____
- c) () Defacto Custody dated: _____
- d) Other parent did not return the child(ren) when they should have (date): _____
- e) Child(ren) refused to return (date): _____
- f) Other – Explain:

XII. Special health needs of child(ren) listed below:

<u>Name of Child:</u>	<u>Condition/Problem:</u>	<u>Doctor/Telephone No.:</u>
a)	_____	_____
b)	_____	_____
c)	_____	_____
d)	_____	_____
e)	_____	_____

XIII. Schools the child(ren) presently attend(s) or will be enrolled in:

<u>Child:</u>	<u>Name of School / Address:</u>	<u>Grade Level:</u>
a)	_____	_____
b)	_____	_____
c)	_____	_____
d)	_____	_____
e)	_____	_____

XIV. My present religious affiliation: _____

<u>Name of Church:</u>	<u>Address:</u>	<u>Telephone No.:</u>
a)	_____	_____
b)	Distance from residence: _____	
1.	Are you a member of this church?	() Yes () No
2.	How often do you attend per year? _____	
3.	Do the child(ren) attend this church?	() Yes () No
4.	Are they members of this church?	() Yes () No
5.	Are they receiving any other religious instruction?	() Yes () No
	If yes, where? _____	

XV. Have you, within the past five (5) years, been convicted and/or charged with a crime (including DUI's)?
() Yes () No

If so, indicate what and when:

XVI. Other factors or conditions I should consider important and should be taken into account by the Custody Officer when endeavoring to provide the best situation for the minor(s):

I, the undersigned, hereby certify that the following information is true and correct to the best of my knowledge and belief. I further understand that this information will become part of the official Court record in this case.

Date: _____

Signature _____