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Divorce & Custody Attorneys

CUSTODY INFORMATION SHEET

Please complete this information sheet and return with copies of the documents listed below **within 10 days**.

- Last three (3) paycheck stubs
- Last year's personal & business tax returns
- Copies of recent court documents or attorney correspondence

RESPONSE TO FILING

If we are responding to the other party's filing, please email to info@rightlawyers.com or to your attorney a response to the claims made in the filing. You should also email any counterclaims you would like included.

YOUR INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cellular: _____ Home: _____ Work: _____

Email: _____ Email is approved for confidential correspondence. Yes No

Date of Birth: _____ Social Security No.: _____ Years in Nevada: _____

Driver's License No.: _____ State it was issued in: _____

Employer's Name and Address: _____

Present Occupation: _____ Salary Gross \$ _____ Per: _____

OTHER PARTY INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cellular: _____ Home: _____ Work: _____

Email: _____

Date of Birth: _____ Social Security No.: _____ Years in Nevada: _____

Driver's License No.: _____ State it was issued in: _____

Employer's Name and Address: _____

Present Occupation: _____ Salary Gross \$ _____ Per: _____

MARRIAGE INFORMATION:

Date of Marriage: _____

City & State of Marriage: _____

MAIN ISSUES:

CHILD CUSTODY & SUPPORT

List children of this marriage or adopted by both parents, age 18 and under, or age 19 if still in high school

Name: _____

DOB: _____ SS#: _____

Name: _____

DOB: _____ SS#: _____

Name: _____

DOB: _____ SS#: _____

VISITATION SCHEDULE

Mom's Preferred Visitation Schedule:

Days of week: _____

Dad's Preferred Visitation Schedule:

Days of week: _____

Holiday(s):

Other Visitation Instructions:

CHILD SUPPORT

Each party waives child support? Yes _____ No _____

Who will provide medical/health insurance for the minor child(ren)? Husband's _____ Wife's _____

Who will pay unreimbursed medical & health costs? Husband's _____ Wife's _____

WITNESSES RELEVANT TO YOUR CASE

Name: _____

Phone: _____ Email: _____

Anticipated testimony of witness: _____

Name: _____

Phone: _____ Email: _____

Anticipated testimony of witness: _____