

FAMILY COURT DIRECT

5662 Calle Real #469
Goleta, CA 93117
Phone: (888) 274-1440

Mother INFORMATION

Full name: _____

Maiden Name (If applicable): _____

Birth Date: _____ Social Security Number: _____

City and State or Foreign Country where born: _____

Driver's License Number: _____ State: _____

Home Address: _____

City: _____

County: _____ State: _____ Zip: _____

How long have you lived in (City/County/State) _____

Home Phone Number: _____

Fax Number: _____

Cell Phone Number: _____

Email Address: _____

MARRIAGE AND SEPARATION

(if applicable)

City and State or Foreign Country of Marriage: _____

Date of Marriage: _____

Are you separated/divorced from your spouse/other party? _____

If so, please state the date of separation/divorce: _____

County and State of Divorce proceeding: _____

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Father 1 INFORMATION

Full name: _____

Maiden Name (If applicable): _____

Birth Date: _____ Social Security Number: _____

City and State or Foreign Country where born: _____

Driver's License Number: _____ State: _____

Home Address (if unknown, provide last known address): ☐ Current address ☐ Last known (if Last known, you MUST obtain current address before documents can be filed with the Court. Family Court Direct will not obtain addresses for the other party, but can refer you to a low cost private investigator for assistance.)

Address: _____

City: _____

State: _____ County: _____ Zip Code: _____

How long has the other party lived in (City/County/State)? _____

Home Phone Number: _____

Employed? ☐ YES ☐ NO (If yes, please provide any information regarding their employment you may have.)

Employer name: _____

Address: _____

How long has the other party been employed by this company? _____

What is the other party's income? If not sure, please provide an estimate and state the basis for this estimate.

\$_____ ☐ monthly ☐ annually Basis for estimate: _____

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Father 2 INFORMATION

Full name: _____

Maiden Name (If applicable): _____

Birth Date: _____ Social Security Number: _____

City and State or Foreign Country where born: _____

Driver's License Number: _____ State: _____

Home Address (if unknown, provide last known address): ☐ Current address ☐ Last known (if Last known, you MUST obtain current address before documents can be filed with the Court. Family Court Direct will not obtain addresses for the other party, but can refer you to a low cost private investigator for assistance.)

Address: _____

City: _____

State: _____ County: _____ Zip Code: _____

How long has the other party lived in (City/County/State)? _____

Home Phone Number: _____

Employed? ☐ YES ☐ NO (If yes, please provide any information regarding their employment you may have.)

Employer name: _____

Address: _____

How long has the other party been employed by this company? _____

What is the other party's income? If not sure, please provide an estimate and state the basis for this estimate.

\$_____ ☐ monthly ☐ annually Basis for estimate: _____

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CHILDREN

Name: _____

Sex (M/F): _____ Date of Birth: _____ Age: _____

City and State of Birth: _____

Social Security Number: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Age: _____

City and State of Birth: _____

Social Security Number: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Age: _____

City and State of Birth: _____

Social Security Number: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Age: _____

City and State of Birth: _____

Social Security Number: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Age: _____

City and State of Birth: _____

Social Security Number: _____

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During the past ***FIVE YEARS***, the minor children have lived with the following persons, at the following places and for the following periods of time. You must complete this portion with as much specific information as possible, including months/days/years.

Dates: From/To	Address where child lived	Name and present address of person child lived with	Relationship to Child

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CUSTODY/VISITATION PLAN

Are there currently any custody orders in place? ☐ YES ☐ NO

Are there any restraining or protective orders in place? ☐ YES ☐ NO

Please provide the custody and/or visitation that you wish the court to grant to you.

Physical custody of the child(ren) to ☐ SELF ☐ OTHER PARENT/PARTY ☐ JOINT

Legal custody of the child(ren) to ☐ SELF ☐ OTHER PARENT/PARTY ☐ JOINT

Visitation to the other parent/party ☐ Yes (complete below) ☐ No ☐ Supervised only (complete below)

The following schedule*** is time that I wish for the children to spend with ☐ Myself ☐ Other parent

☐ EVERY WEEKEND

From _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

To _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

☐ ALTERNATE WEEKENDS

From _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

To _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

☐ WEEKDAYS

From _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

To _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

☐ OTHER (example: one week on, one week off schedule, starting Sunday at 5 p.m. until the following Sunday at 5 p.m. Parents will alternate this schedule every week, equaling 50/50 time) Please be as specific as possible and include start and end times.

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DECLARATION

Please use the Declaration pages to provide us with background on your current legal matter, and to provide us with what your ultimate goal/desired outcome would be. You should also use this form to provide any rebuttals to the other party's claims made in their Petition/Motion (if one has been filed). The statements provided by you in the declaration may be used as partial content of the documents being prepared for you, either in whole or in part.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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Transportation to the visit will be provided by: _____

Transportation from the visit will be provided by: _____

or

The parties will meet at the following location _____ at

_____ ☐ a.m ☐ p.m for exchange of the child(ren).

HOLIDAYS AND SPECIAL OCCASIONS

Please indicate which parent/party the child(ren) will spend the following holidays with by writing Mother, Father or Other and indicating the time the visit will begin and end.

Holiday	Start/end time	Every year	Even years	Odd years
New Year's Eve				
New Year's Day				
Mother's Day				
Father's Day				
Fourth of July				
Halloween				
Christmas Eve				
Christmas Day				
Easter				
Child's Birthday				
Other (specify)				
Other				
Other				

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List ALL other persons who live in your home:

Name	Age	Relation to you	This person's monthly gross income	Does this person pay any of the household expenses? If yes, how much?

Health insurance information:

Do you have health insurance available to you through your employer? ☐ YES ☐ NO

Name of insurance company: _____

Address and phone number, if available: _____

Do you receive state/county assisted medical coverage? ☐ YES ☐ NO

Name of program: _____ Who is covered? _____

Special hardships or circumstances you wish for the court to consider: _____

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