

Custody Organizer



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General Information – Client

Full legal name: _____

Address: _____

County: _____

Phone numbers: Home: _____

Work: _____

Cell: _____

E-mail address: _____

Social Security Number: _____

Date of birth: _____

Prior names (including maiden name): _____

Are you currently in the military service? Yes No
 If yes, branch: _____

Employment:

Employer & Address: _____

Position/Title: _____

Gross monthly income: \$ _____

General Information – Opposing Party

Full legal name: _____

Address: _____

Phone numbers: Home: _____

Work: _____

Cell: _____

E-mail address: _____

Social Security Number: _____

Date of birth: _____

Prior names (including maiden name): _____

Is the opposing party currently in the military service? Yes No
 If yes, branch: _____

Employment:

Employer & Address: _____

Position/Title: _____

Gross monthly income: \$ _____

Children

List all children affected by this proceeding and their relationship to you (e.g. child, stepchild, child from prior marriage):

Full legal name	Birthdate	SSN	Relationship to you:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Identify with whom the child(ren) currently live(s): _____

Custody

Legal custody means having a right to participate in the major decisions regarding the child(ren)'s life, including decisions regarding education, religious upbringing, and medical treatment.

Physical custody identifies who will handle the routine daily care and control of the child(ren), and who the child(ren) will live(s) with.

There is a presumption under the law that the parties share joint legal and joint physical custody of the child(ren).

What type of custody do you desire?

- Sole legal custody and sole physical custody to: You. Other parent.
- Joint legal custody and sole physical custody to: You. Other parent.
- Joint legal custody and joint physical custody.

What type of parenting time schedule do you desire?

Child Care

Do any of the children of this relationship receive child care? Yes No

If yes, what is the average monthly cost? \$_____

Who pays for child care? You Other party

Public Assistance

Do you or the joint children currently receiving any form of public assistance?

Yes No

If yes, check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Cash public assistance (MFIP) | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> MinnesotaCare | <input type="checkbox"/> Child Care Subsidy |
| <input type="checkbox"/> Diversionary Work Program (DWP) | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> Other: _____ | |

Court Proceedings

***Provide a copy of all court orders relevant to this matter including, but not limited to, previously filed custody orders, child support orders, motions, affidavits, etc.**

Are there currently any pending proceedings in this matter? Yes No

If yes, provide the following information:

County: _____ Court File No.: _____

Is there any current custody, parenting time, or child support order in place?

Yes No

If yes, provide following information, where applicable:

County: _____ Court File No.: _____

Current custody: Joint Legal or Sole Legal to _____
Joint Physical or Sole Physical to _____

Current parenting time schedule: _____

Current child support: \$ _____

Identify if you are the Obligor (person paying) or the Obligee (person receiving).

Other Court Proceedings

Are there currently any of the following types of court orders between you and the other party? Yes No

If yes, check all that apply:

- Harassment Restraining Order (HRO)
Domestic Abuse Order for Protection (OFP)
No Contact Order
Other court order prohibiting contact with the other party:

County: _____ Court File No.: _____

Please provide copies of the following documents with the completed Custody Organizer:

- **Any previous or current court orders for this matter**
- **Paycheck stubs for the past three months**
- **W-2 for the past year**
- **Medical and dental insurance coverage information/documentation**
- **Documentation of child care costs**