

LEHIGH COUNTY FAMILY COURT
ROOM 325, 3rd FLOOR

CUSTODY INTAKE FORM

Print Clearly

Today's Date: _____ Docket Number: _____ - FC - _____

Plaintiff

Name: _____
 (first) (m) (last)

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Plaintiff's Date of Birth: _____

Plaintiff's Attorney: _____ Attorney Phone: _____

Defendant

Name: _____
 (first) (m) (last)

Address: _____ Apt/: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Defendant's Date of Birth: _____

Defendant's Attorney: _____ Attorney Phone: _____

Children

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Other Information

Does either party need an **Interpreter**? ___ **Yes** ___ **No**

If Yes, what language? _____

Is either party incarcerated: ___ **Yes** ___ **No**

If yes, where? _____

Is there a current Custody Order in Lehigh County? ___ **Yes** ___ **No**

Is there a current Custody Order from another county/state? ___ **Yes** ___ **No**

Is there a current Support Order? ___ **Yes** ___ **No**

Is there a **history of domestic Violence** in the relationship? ___ **Yes** ___ **No**

Is there a current Protection from Abuse Order (PFA)? ___ **Yes** ___ **No**

If Yes, what is the **Docket Number**? _____

Is the Office of Children and Youth currently involved? ___ **Yes** ___ **No**

If Yes, what is the name of the caseworker? _____

What county? _____

Has the child lived in Lehigh County for the past six months? ___ **Yes** ___ **No**

If No, what county does the child reside? _____

Signature

Date