

THE BRYANT LAW FIRM

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CUSTODY INFORMATION SHEET

PETITIONER'S INFORMATION (PERSON COMPLETING THIS FORM)

NAME: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____

RACE/ETHNICITY: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NO.: _____ STATE OF ISSUE: _____

RESIDENCE, INCLUDING ZIP CODE: _____

EMAIL ADDRESS: _____ CELL #: _____ HOME #: _____

EMPLOYER NAME: _____ YEARLY SALARY \$ _____

EMPLOYER ADDRESS: _____

WORK PHONE NUMBER: _____ JOB TITLE: _____

NAME, AND PHONE NUMBER OF PERSON TO CONTACT IN EVENT OF EMERGENCY:

RELATIONSHIP TO PETITIONER: _____

RESPONDENT'S INFORMATION (PERSON NOT COMPLETING FORM)

NAME: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____

RACE/ETHNICITY: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NO.: _____ STATE OF ISSUE: _____

RESIDENCE, INCLUDING ZIP CODE: _____

EMAIL ADDRESS: _____ CELL #: _____ HOME #: _____

EMPLOYER NAME: _____ YEARLY SALARY \$ _____

EMPLOYER ADDRESS: _____

WORK PHONE NUMBER: _____ JOB TITLE: _____

CHILDREN INFORMATION

Please provide the following information on each child born or adopted of the marriage under the age of 18 in the spaces below:

1. NAME: _____

AGE: _____

DOB: _____ PLACE OF BIRTH: _____

SSN: _____

CURRENT ADDRESS: _____

HOME PHONE NO.: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE NO.: _____

2. NAME: _____

AGE: _____

DOB: _____ PLACE OF BIRTH: _____

SSN: _____

CURRENT ADDRESS: _____

HOME PHONE NO.: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE NO.: _____

3. NAME: _____

AGE: _____

DOB: _____ PLACE OF BIRTH: _____

SSN: _____

CURRENT ADDRESS: _____

HOME PHONE NO.: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE NO.: _____

REFERRAL INFORMATION

WHO REFERRED YOU TO THIS OFFICE: _____

DATE: _____

SIGNATURE: _____