

Place of Birth: _____
(mm/dd/yyyy)
City County State or Foreign Country

Social Security number: _____ - _____ - _____

Who does this child live with: _____

Names of biological parents:

Mother: _____

Father: _____

If you need more space, please use a separate sheet of paper or write on the back.

Will there be a dispute over the children? _____

If *not*, with whom will custody be? _____

Do any of your children have special needs? **Please explain:** _____

Health Insurance Coverage for the Children:

What Insurance do you have? _____

What is covered (health, dental, vision, eye?) _____

Is it carried through an employer? _____ If so, yours or your spouses? _____

How much is the coverage for JUST the children per month? _____

If insurance is through an employer does the other spouse have insurance available through their employer or other organization? _____