

INFORMATION FORM FOR CUSTODY CONCILIATION CONFERENCE

PLEASE PRINT IN BLACK OR BLUE INK

THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE CUSTODY OFFICE, WESTMORELAND COUNTY COURTHOUSE, 2 NORTH MAIN STREET, GREENSBURG, PA 15601, NO LATER THAN TWO (2) WEEKS BEFORE THE SCHEDULED CONFERENCE DATE.

No: _____ of _____ -D

(1) YOUR NAME: _____

ADDRESS: _____

CITY & ZIP: _____ (COUNTY) _____

PHONE NUMBER: (HOME) _____ (CELL) _____

(WORK) _____

AGE: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____

EDUCATION: _____

(2) YOUR CURRENT OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

WORK SCHEDULE: _____

(3) DATE OF SEPARATION: _____

(4) YOUR RELATIONSHIP TO THE CHILD(REN) INVOLVED: _____

(5) NAMES, AGES AND DATES OF BIRTH OF CHILD(REN) INVOLVED:

Name: _____ Age: _____ Birthdate: _____

Name: _____ Age: _____ Birthdate: _____

Name: _____ Age: _____ Birthdate: _____

Name: _____ Age: _____ Birthdate: _____

Name: _____ Age: _____ Birthdate: _____

(6) NAME OF ANY NEW PARTNER: _____

(7) MEMBERS OF YOUR HOUSEHOLD, INCLUDING AGES AND RELATIONSHIP TO CHILD(REN):

(8) HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN CONVICTED, PLEAD GUILTY OR NO CONTEST TO A CRIME?

(9) ARE THERE ANY PENDING CRIMINAL CHARGES FILED AGAINST YOU (OR ANY MEMBER OF YOUR HOUSEHOLD?)

(10) CHILD(REN)'S SCHEDULE (SCHOOL, EXTRA CURRICULAR ACTIVITIES ETC.):

(11) ISSUES/PROBLEMS OF CONCERN:

(12) CURRENT CUSTODY SCHEDULE IN EFFECT:

(13) YOUR SUGGESTION FOR THE CUSTODY ORDER FROM THE CUSTODY CONCILIATION CONFERENCE:

(14) ADDITIONAL INFORMATION:

I verify that the statements made in this document are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa C.S A. Section 4904 relating to unsworn falsification to authorities.

Date: _____

Your Signature

THIS DOCUMENT IS NOT TO BE FILED IN THE COURT RECORD AT THE PROTHONOTARY'S OFFICE