



# Wishing Well

Adoption and  
Family Services, LLC

## Custody Investigation Intake Form

Date \_\_\_\_\_

Name of Child(ren) \_\_\_\_\_

Name of Parents \_\_\_\_\_

Current address of Child \_\_\_\_\_

Phone numbers of Parents \_\_\_\_\_

Date of last hearing \_\_\_\_\_

Date of next hearing \_\_\_\_\_

Briefly describe the situation \_\_\_\_\_

Is Child Protective Services involved? \_\_\_\_\_

What are the court's concerns about custody? \_\_\_\_\_

What are the parents' concerns about custody? \_\_\_\_\_

Does either parent have a criminal history? \_\_\_\_\_

Please explain \_\_\_\_\_

Has either parent been investigated by Child Protective Services? \_\_\_\_\_

Please explain \_\_\_\_\_

When are the parents available to meet? \_\_\_\_\_

When are the parents available to talk on the phone? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_