



List all information for other children.

<b>Name</b> (First, Middle Last )	<b>Date of Birth</b> (Month/Day/Year)	<b>Age</b>	<b>Social Security Number</b>

Are you currently paying child support for any previous children? \_\_\_\_\_ If so, how much per week? \_\_\_\_\_

Is there another dissolution or custody proceeding currently pending regarding the parties? YES NO

Explain how you would like to see custody of the children handled. \_\_\_\_\_

\_\_\_\_\_

Do you have dental insurance? YES NO Do you have medical insurance? YES NO

Do you have optical insurance? YES NO Does other parent have dental insurance? YES NO

Does other parent have medical insurance? YES NO Does other parent have optical insurance? YES NO

Explain how you would like to handle tax credits, exemptions, and deductions for the minor children. \_\_\_\_\_

\_\_\_\_\_

List anything else you think I should know. \_\_\_\_\_

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