

# RAYMOND W. GODWIN

Attorney at Law, PC

PRACTICE AREA LIMITED TO ADOPTION & CHILDREN'S LAW

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## CUSTODY INTAKE FORM

Date: \_\_\_\_\_

### CLIENT INFORMATION

*\* Please list wife's name as it should appear on legal documents and vital records forms*

Husband's Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Wife's Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Wife's Maiden Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Husband's DOB: \_\_\_\_\_ Place: \_\_\_\_\_ Wife's DOB: \_\_\_\_\_ Place: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Contact

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Call first?

Business: (His) \_\_\_\_\_ Cell: (His) \_\_\_\_\_

Business: (Hers) \_\_\_\_\_ Cell: (Hers) \_\_\_\_\_

**Children** (If more than 4, please list under Additional Notes at the end of this form)

Name	Date of Birth	Race	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CHILD(REN) INFORMATION

#### First Child

Full Birth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: Hospital \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Date of Placement: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Guardianship Papers? \_\_\_\_\_

# CUSTODY INTAKE FORM

## Second Child

Full Birth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: *Hospital* \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Date of Placement: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Guardianship Papers? \_\_\_\_\_

## BIRTH MOTHER INFORMATION

Birth Mother's Legal Name: *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_

Birth Mother's Maiden Name: *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_

Were you married to the child's biological father? \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount of visitation in the last 3 years: \_\_\_\_\_

Amount of child support paid in the last 3 years: \_\_\_\_\_

Is birth mother incarcerated? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Which facility is she in? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for incarceration: \_\_\_\_\_

Is birth mother in favor of custody? \_\_\_\_\_

## BIRTH FATHER INFORMATION

Legal Name of Birth Father: \_\_\_\_\_

Married? \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Were you married to the child's biological mother? \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount of visitation in the last 3 years: \_\_\_\_\_

Amount of child support paid in the last 3 years: \_\_\_\_\_

Is birth father incarcerated? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Which facility is he in? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for incarceration: \_\_\_\_\_

Is birth father in favor of custody? \_\_\_\_\_

# CUSTODY INTAKE FORM

## ADDITIONAL CLIENT INFORMATION

Please list any additional languages that you speak:

Have either of you ever been convicted of a crime? If so, for what were you convicted?

Has there been any record of child abuse in your history? If so, in what state were you accused?

## CUSTODY INFORMATION

What is the relationship of the Birth Mother and/or Birth Father to you?

What kind of relationship do the child(ren) have with the birth mother/birth father currently?

How did you gain custody of the child(ren)?

Have you retained any other legal assistance in this matter?

## Additional Notes

## CUSTODY INTAKE FORM

How did you hear about our office and why have you chosen to retain us?

We hereby give our permission for Raymond W. Godwin, Esq. to use any photos that we send him or his office for use on his website, pamphlets, booklets, or published material.

**Digital Signature** \_\_\_\_\_

[CLICK HERE](#)

to attach the completed Intake Form  
to an email and send to our office via email at  
[assistant@scadopt.net](mailto:assistant@scadopt.net)