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Child Custody Form

Please fill in or attach the following information
County of Residence: _____

Is there currently any type of protection order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in what county? _____
Who is the Petitioner: _____

Children's Information
(Oldest to Youngest)

Full Name: _____
(first) (middle) (last)
DOB: _____ SSN: _____ Lives with?: _____
Current Address: _____

Full Name: _____
(first) (middle) (last)
DOB: _____ SSN: _____ Lives with?: _____
Current Residence: _____

Full Name: _____
(first) (middle) (last)
DOB: _____ SSN: _____ Lives with?: _____
Current Residence: _____

Full Name: _____
(first) (middle) (last)
DOB: _____ SSN: _____ Lives with?: _____
Current Residence: _____

(Please attach additional children's information in the same format)

Father's Information

Full Name: _____
(first) (middle) (last)

DOB: _____ SSN: _____ Age: _____ Race: _____

How long resident of Kentucky? _____ Place of Birth: _____

Current Residence: _____
(Street No.) (Street Name) (Apt. No.)

(City) (County) (State) (Zip Code)

Mobile Phone: _____ Alternate Phone: _____

Employer: _____ Job Type: _____

Employment Address: _____
(Street No.) (Street Name) (Apt. No.)

(City) (County) (State) (Zip Code)

Mother's Information

Full Name: _____
(first) (middle) (last)

DOB: _____ SSN: _____ Age: _____ Race: _____

How long resident of Kentucky? _____ Place of Birth: _____

Current Residence: _____
(Street No.) (Street Name) (Apt. No.)

(City) (County) (State) (Zip Code)

Mobile Phone: _____ Alternate Phone: _____

Employer: _____ Job Type: _____

Employment Address: _____
(Street No.) (Street Name) (Apt. No.)

(City) (County) (State) (Zip Code)

Custodian's Information

Full Name: _____
(first) (middle) (last)

DOB: _____ SSN: _____ Age: _____ Race: _____

How long resident of Kentucky? _____ Place of Birth: _____

Current Residence: _____
(Street No.) (Street Name) (Apt. No.)

(City) (County) (State) (Zip Code)

Mobile Phone: _____ Alternate Phone: _____

Employer: _____ Job Type: _____

Employment Address: _____
(Street No.) (Street Name) (Apt. No.)

(City) (County) (State) (Zip Code)

Custodian's Information

Full Name: _____
(first) (middle) (last)

DOB: _____ SSN: _____ Age: _____ Race: _____

How long resident of Kentucky? _____ Place of Birth: _____

Current Residence: _____
(Street No.) (Street Name) (Apt. No.)

(City) (County) (State) (Zip Code)

Mobile Phone: _____ Alternate Phone: _____

Employer: _____ Job Type: _____

Employment Address: _____
(Street No.) (Street Name) (Apt. No.)

(City) (County) (State) (Zip Code)

As per KRS 403.480, please write your responses to the following.

1. Where have the children lived for the past five years? Please state the name, relationship to child, and address of persons with whom the children lived during that period of time. (For example: March 2011-May 2016 with Jane Doe, mother, at 123 Main Street, Los Angeles CA)

From _____ to _____ with
(Month/Year) (Month/Year)
_____ at
(Name of person and relationship to child)

(Address)

From _____ to _____ with
(Month/Year) (Month/Year)
_____ at
(Name of person and relationship to child)

(Address)

From _____ to _____ with
(Month/Year) (Month/Year)
_____ at
(Name of person and relationship to child)

(Address)

(Please attach additional information in the same format)

2. Have you participated (as a party, witness, or in any other capacity) in any other litigation concerning the custody of the same child(ren) in Kentucky or otherwise? Yes No
If "Yes," which county/state, what year, and in what capacity (party/witness/other)?
_____.
3. Do you have information of pending custody proceeding regarding the child(ren) in Kentucky or otherwise? Yes No
If "Yes," which county/state? _____.
4. Do you know of any person not a party in this proceeding who has physical custody of the child(ren) or any person who claims to have custody or visitation rights with regard to the child(ren)? Yes No
5. If "Yes," please state the person's name, relationship to the child(ren), and their contact information _____
_____.

(Please attach additional information if needed)