

WRIGHT FAMILY LAW GROUP

1445 Main Street Tewksbury, MA 01876
Tel (978) 851-2291 • Fax (978) 851-2292

GRANDPARENT VISITATION INTAKE

Referred By: _____

Date of Consultation _____

Confidential Client History

The following questionnaire is designed to help you more accurately provide information that will help us prepare court pleadings on your behalf. Please complete this form as fully and comprehensively as possible. If exact information is not known, please provide your best estimate. You may be asked at some future date to provide more precise information.

Confidential information provided on this form is protected by the attorney-client privilege and is intended for the use of your legal counsel. Any information provided in this form which is detrimental to you will not be revealed by counsel without your consent unless it is in your best interests to do so except in certain narrow and limited situations required or authorized by law. If you have any questions about the confidentiality of this information we will be pleased to answer them. Because this information is provided in confidence, we ask that your answers be as truthful, complete and accurate as possible.

ABOUT YOU:

First Name _____ Last Name _____ Middle initial _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

How long at current residence: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Email Address: _____

Employer (Name & Address): _____

Employer Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Who May We Contact if we cannot get a hold of you? _____

Phone Number: _____

You are Parent(s) of the: _____Mother _____Father

OPPOSING PARTY:

First Name _____ Last Name _____ Middle initial _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

How long at current residence: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Name of Employer: _____

DOB: _____ Social Security No.: _____

Is the opposing party represented by counsel? If so, who: _____

How many children involved? _____

Name: _____	DOB: _____	SSN: _____	(circle one) M F
Name: _____	DOB: _____	SSN: _____	M F
Name: _____	DOB: _____	SSN: _____	M F
Name: _____	DOB: _____	SSN: _____	M F
Name: _____	DOB: _____	SSN: _____	M F

Where is/are the child(ren) residing? _____

List all addresses where the child(ren) has/have lived for the past three years:

Dates With Whom the Children Lived _____

Address (street, city, state) _____

Briefly describe the visitation you are seeking and a history of your relationship with the child(ren):

Is Mother acceptable with proposed visitation? _____

Is Father acceptable with proposed visitation? _____

Please state the reasons any parent is not acceptable to grandparent visitation:

OTHER INFORMATION:

Were the parties ever married? _____ If yes, date of divorce: _____

Please describe the relationship between the parents at the present time _____

Is there a current order in place? _____ Did you bring a copy of the Order _____

If not, please briefly describe what the Order states:

ATTORNEY NOTES:
