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PLEASE PRINT CLEARLY

Date: _____
Referred By: _____

Consultant Information Form

NAME _____

Home Address _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ DOB _____

Occupation _____ Work Phone _____

Attorney's name & Phone Number _____

NAME OF (EX) SPOUSE _____

Home Address _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ DOB _____

Occupation _____ Work Phone _____

Attorney's name & Phone Number _____

CHILDREN

Name _____ Age _____ DOB _____ Grade _____ School _____

Name _____ Age _____ DOB _____ Grade _____ School _____

Name _____ Age _____ DOB _____ Grade _____ School _____

Name _____ Age _____ DOB _____ Grade _____ School _____

MARRIAGE AT ISSUE

Date of Marriage _____ Date of Separation _____ Date of Divorce _____
Years Married _____

****THE INFORMATION CONTAINED IN THIS APPLICATION IS CONFIDENTIAL****