



429 Kansas City Street, Suite 15
Rapid City, SD 57701

NON-Custodial Information Sheet

NON-CUSTODIAL PARENT:

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

WHETHER OTHER PARTY CAN KNOW YOUR ADDRESS: Y/N

CELL PHONE NUMBER: _____ TEXTING CAPABILITY: Y/N

ALTERNATE NUMBER: _____ TEXTING CAPABILITY: Y/N

EMAIL ADDRESS: _____

EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP: _____

NUMBER: _____ TEXTING CAPABILITY: Y/N

OTHER INFORMATION:

*RELATION TO CHILD: _____

*ETHNICITY: _____

*ANNUAL INCOME: _____

*MARITAL STATUS (biological parents of child(ren)):

___ Never married ___ Married

___ Separated ___ Divorced

*SERVICES PERFORMED BY UNITED FAMILIES:

___ Supervised Visitation or ___ Neutral Drop Off/Pick-up

*REFERRAL SOURCE:

___ Self

___ Court

___ Child Support Agency

___ Child Protection Agency

___ Other (please specify) _____

This information is requested but **not required to help us in applying for grants and donations.

CUSTODIAL PARENT:

NAME: _____

PHONE NUMBER (IF KNOWN): _____

RELATION TO CHILD(REN): _____

CHILD(REN):

NAME/AGE: _____

NAME/AGE: _____

NAME/AGE: _____

OTHER CONCERNS REGARDING THIS

CASE: _____

NOTES: _____

