



PLEASE BRIEFLY DESCRIBE THE REASON (CHILD SUPPORT, CUSTODY, SPOUSAL SUPPORT, ETC.) FOR YOUR VISIT WITH US: \_\_\_\_\_

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**PARENTING/CHILD SUPPORT**

IF YOU ARE CONSULTING US REGARDING A PARENTING OR CHILD SUPPORT ISSUE, PLEASE ANSWER THE FOLLOWING QUESTIONS:

LIST THE MINOR CHILDREN BORN OF THIS MARRIAGE:

NAME	AGE	BIRTHDATE	SOC. SEC. #	GRADE	SCHOOL
1.					
2.					
3.					
4.					

UNDER YOUR DECREE OF DIVORCE/DISSOLUTION, WHAT IS THE PARENTING SCHEDULE SUPPOSED TO BE? \_\_\_\_\_

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WHAT IS THE PARENTING SCHEDULE WHICH YOU ARE ACTUALLY EXERCISING AT PRESENT?

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ARE ALL THE CHILDREN LIVING WITH YOU?  YES  NO

IF NOT, WITH WHOM ARE THEY LIVING AND FOR HOW LONG? \_\_\_\_\_

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HAS THERE BEEN A CUSTODY CASE INVOLVING THESE CHILDREN IN THE PAST?  YES  NO

IF SO, PLEASE STATE THE DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOUR CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION AND LENGTH OF EMPLOYMENT: \_\_\_\_\_

YOUR WAGES/SALARY: \_\_\_\_\_

PAY PERIODS:  WEEKLY  BI-WEEKLY  BI-MONTHLY  MONTHLY

EX-SPOUSE'S EMPLOYER (IF KNOWN): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION AND LENGTH OF EMPLOYMENT: \_\_\_\_\_

YOUR WAGES/SALARY: \_\_\_\_\_

PAY PERIODS:  WEEKLY  BI-WEEKLY  BI-MONTHLY  MONTHLY

INCOME

	<u>YEAR-TO-DATE</u>	<u>LAST YEAR</u>	<u>AT TIME OF DIVORCE</u>
YOU:	_____	_____	_____
YOUR EX-SPOUSE:	_____	_____	_____

IF YOU PROVIDE HEALTH INSURANCE FOR THE FAMILY, HOW MUCH DOES IT COST PER PAY?

\_\_\_\_\_

IF YOU USE DAYCARE, PLEASE STATE THE PROVIDER, WHO PAYS, AND THE COST: \_\_\_\_\_

\_\_\_\_\_

**SPOUSAL SUPPORT**

IF YOU ARE CONSULTING WITH US REGARDING A SPOUSAL SUPPORT ISSUE, PLEASE ANSWER THE FOLLOWING QUESTIONS:

THE AMOUNT OF SUPPORT YOU WERE ORDERED TO PAY OR RECEIVE: \_\_\_\_\_  
\_\_\_\_\_

YOUR CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION AND LENGTH OF EMPLOYMENT: \_\_\_\_\_

YOUR WAGES/SALARY: \_\_\_\_\_

PAY PERIODS:         WEEKLY     BI-WEEKLY     BI-MONTHLY     MONTHLY

EX-SPOUSE'S EMPLOYER (IF KNOWN): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION AND LENGTH OF EMPLOYMENT: \_\_\_\_\_

YOUR WAGES/SALARY: \_\_\_\_\_

PAY PERIODS:  WEEKLY     BI-WEEKLY     BI-MONTHLY     MONTHLY

**INCOME**

	<u>YEAR-TO-DATE</u>	<u>LAST YEAR</u>	<u>AT TIME OF DIVORCE</u>
YOU:	_____	_____	_____
YOUR EX-SPOUSE:	_____	_____	_____

IF YOU PROVIDE HEALTH INSURANCE FOR THE FAMILY, HOW MUCH DOES IT COST PER PAY? \_\_\_\_\_

**OTHER**

IF YOU ARE NOT CONSULTING US REGARDING A PARENTING/CHILD SUPPORT OR SPOUSAL SUPPORT ISSUE, PLEASE BRIEFLY DESCRIBE THE REASON YOU ARE SEEKING LEGAL SERVICES.

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