GARRETSON & HOLCOMB, L.L.C. POST-DIVORCE/DISSOLUTION QUESTIONNAIRE

DATE:					
TELEPHONE:		CELL:			
	HOME:	E-MAIL:			
MAY WE CONTA	CT YOU AT THESE N	UMBERS? \Box YES \Box NO			
MAY WE SEND C	ORRESPONDENCE T	O YOU BY E-MAIL? \Box YES \Box NO			
PERSON REFERR	ING YOU TO OUR FII	RM:			
YOUR NAME:		DATE OF BIRTH:			
		SOC. SEC.#:			
MAILING	ADDRESS, IF YOU PR	EFER MAIL SENT TO A DIFFERENT ADDRESS:			
		DATE OF BIRTH:			
TELEPHON	NE:	SOC. SEC.#:			
ADDRESS:					
LENGTH OF RES	IDENCE IN BUTLER C	COUNTY:			
DATE AND PLAC	E OF DIVORCE/DISS	OLUTION:			
DO YOU HAVE A	COPY OF YOUR DIV	ORCE/DISSOLUTION DECREE? \Box YES \Box NO			
APPROXIMATE	DATE(S) AND NATU	URT SINCE THE DIVORCE/DISSOLUTION, LIST THE JRE (i.e., spousal, child support, custody, etc.) OF THE			

DO YOU HAVE A COPY OF ALL ORDERS SINCE YOUR DIVORCE/DISSOLUTION: YES NO

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

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?

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

ARE ALL THE CHILDREN LIVING WITH YOU? \Box YES \Box NO

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

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:
EX-SPOUSE'S EMPLOYER (IF KNOWN):
ADDRESS:
POSITION AND LENGTH OF EMPLOYMENT:
YOUR WAGES/SALARY:
PAY PERIODS: WEEKLY BI-WEEKLY BI-MONTHLY MONTHLY
INCOME
YEAR-TO-DATELAST YEARAT TIME OF DIVORCEYOU:
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:
EX-SPOUSE'S EMPLOYER (IF KNOWN):
ADDRESS:
POSITION AND LENGTH OF EMPLOYMENT:
YOUR WAGES/SALARY:
PAY PERIODS: WEEKLY BI-WEEKLY BI-MONTHLY MONTHLY
INCOME
YEAR-TO-DATELAST YEARAT TIME OF DIVORCEYOU:
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.