

PROSPECTIVE CLIENT INFORMATION

Date Opened: _____ Ref by: _____.

NAME: _____

SSN: _____

ADDRESS: _____
(include zip)

DOB: _____ Age: ()

TELEPHONE: () - _____ (HOME)

TELEPHONE: () - _____ (WORK)

EMPLOYER: _____

E-MAIL: _____

Occupation: _____

Weekly Income: _____

Current Support Order _____ (wk, bi-wk, mnth)

Arrearages? _____

Date of Last Order for Support Issued: _____

CHILD(REN): Name _____ DOB: _____ SSN: _____ Age: _____

Name _____ DOB: _____ SSN: _____ Age: _____

Name _____ DOB: _____ SSN: _____ Age: _____

INDICATE WHICH PARENT HAS CUSTODY OF WHICH CHILD
INDICATE WHICH CHILDREN WERE BORN BEFORE OR AFTER THE SUPPORT ORDER FOR THE CURRENT LITIGATION MATTER.

CHILD CARE COSTS: _____ (wk, bi-wk, mnth) INSURANCE COSTS FOR KIDS _____

OVERNIGHT ARRANGEMENTS PER COURT ORDER: _____

ACTUAL OVERNIGHT ARRANGEMENTS (AND FOR HOW LONG) _____

COLLEGE EXPENSES? _____ IF SO, DETAIL: _____

ADVERSARY PARTY INFORMATION

NAME: _____

TELEPHONE: _____

ADDRESS: _____

ATTORNEY: _____

COURT INFORMATION

CURRENT SUPPORT ACCOUNT NUMBER: _____

CAUSE NUMBER: _____

NEXT HEARING/MEDIATION DATE: _____

ADD ANY INFORMATION YOU THINK IS RELEVANT TO THIS MATTER BELOW INCLUDING WHY YOU THINK A CONTEMPT MOTION IS NECESSARY OR WHY WAS IT FILED AGAINST YOU. INCLUDE SPECIFICS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____