

INTAKE FORM FOR JDR MATTERS

Please complete this form as fully and accurately as possible. If any information is not known to you, please leave the space blank. This information is needed for your consultation and possible future representation, if retained. Thank you in advance for your cooperation and assistance.

FOR OFFICE USE ONLY:

<u>This is a matter regarding:</u>			<u>Matter is:</u>	
<input type="checkbox"/> Paternity	<input type="checkbox"/> Custody	<input type="checkbox"/> Child Support	<input type="checkbox"/> Original Petition	<input type="checkbox"/> MTA/R
<input type="checkbox"/> Emancipation	<input type="checkbox"/> Visitation	<input type="checkbox"/> Spousal Support	<input type="checkbox"/> Contested	<input type="checkbox"/> Consensual
<input type="checkbox"/> Adoption	<input type="checkbox"/> Show Cause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Party Information:

Parties to Matter:	Biological Mother's Information	Biological Father's Information	Other Interested Party <i>(If any, someone other than parents that want custody/visitation rights)</i>
Full Legal Name <i>(first, middle, last, suffix)</i>			
Date of Birth <i>(month, day, year)</i>			
Social Security #:			
Current Address Physical: <i>(street # & name; city; state; zip)</i>			
Mailing: <i>(If different from physical)</i>			
Phone Numbers <i>(home, work, cell)</i>			
Email Address			
Employment <i>(Employer's Name & City)</i> Job Title Gross Annual Income <i>(before taxes and deductions)</i>			
Name of Spouse or Significant Other			
Currently in the military service of the U.S.?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves
Does he/she agree or disagree with what you want?	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Citizenship	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Check if also Native American	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Check if also Native American	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Check if also Native American

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2. Child(ren) Involved:

Child's Full Legal Name <i>(first, middle, last, suffix)</i>	Date of Birth <i>(month, day, year)</i>	Age	Sex <i>M/ F</i>	Social Security# <i>(not needed if adult)</i>	Currently Residing With <i>(name, relationship, city located at)</i>

- a. The child(ren) listed above lived at the *same* address for 5 years? No Yes
- b. The children(ren) listed above lived within VA for the past 6 months? No Yes

3. Current/Prior Legal Proceedings

- a. Has there been anything filed with a court regarding this matter? No Yes
 What action(s): _____ Next Court Date(s): _____
 What court(s): _____ Case #: _____
- b. Currently married to opposing party? No Yes Divorced to opposing party? No Yes
- c. Any Protective Orders between you and opposing party, now or in the past? No Yes
- d. Social Services ever involved with you, opposing party, or any child at issue? No Yes

4. Child Support Information: *(Complete section only if child support is at issue)*

- a. Childcare: Do any child(ren) at issue attend childcare/daycare? No Yes

Childcare provider name & address:	
Cost for childcare:	
Who attends childcare & when:	

- b. Do you *OR* opposing party have any *other* minor children within the household? No Yes
 If yes, indicate name and age: _____
- c. Do you *OR* opposing party pay *other* child support or spousal support obligations? No Yes
 If yes, indicate to whom and the monthly amount paid: _____
- d. Healthcare:

The child(ren) has the following insurances:	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
Name of insurance provider/policy:			
Who provides insurance?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Additional monthly cost to cover <i>only</i> child(ren)?			