

CLIENT INTAKE FORM – CHILD CUSTODY/SUPPORT

Date: _____

First Name	Last Name	Middle initial
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Mailing Address: _____

City: _____ State: _____ Zip Code: _____ How long in AL: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Email Address: _____

Employer (Name & Address): _____

Employer Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Who May We Contact if we cannot get a hold of you? _____

Phone Number: _____

Opposing Party's Information:

First Name	Last Name	Middle initial
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Mailing Address: _____

City: _____ State: _____ Zip Code: _____ How long in AL: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Name of Employer: _____

DOB: _____ Social Security No.: _____

Is the opposing party represented by counsel? If so, who: _____

Has the opposing filed a Petition/Motion? _____ If so, when: _____

Reason for Consultation: _____

REASON FOR SELECTING THIS FIRM:

REFERRED BY: _____ YELLOW PAGES

INTERNET: _____ OTHER

CHILDREN INFORMATION:

How many children from this relationship? _____

Name: _____ DOB: _____ SSN: _____ M F

Name: _____ DOB: _____ SSN: _____ M F

Name: _____ DOB: _____ SSN: _____ M F

Name: _____ DOB: _____ SSN: _____ M F

Name: _____ DOB: _____ SSN: _____ M F

Where is/are the child(ren) residing? _____

List all addresses where your child(ren) has/have lived for the past three years:

Dates	With Whom the Children Lived	Address (street, city, state)

Do you want the opposing party to have joint legal custody? Yes _____ No

Do you want the opposing party to have visitation? Yes _____ No _____

If no, do you want the opposing party to have supervised visitation? Please Briefly State Why?

Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give your reasons why and the specific times you wish to have visitation/custody (i.e. birthdays):

Please list your children's present:

Religion:

Doctor (name and address):

Dentist (name and address):

Other Medical (name and address):

School(s) (name and address):

Child Care Provider(s) (names and addresses):

Child's Recreational Activities:

OTHER INFORMATION:

Were you ever married to the opposing party? _____ If yes, date of divorce: _____

Is there a current order in place? _____ Did you bring a copy of the Order? _____ If not, please briefly describe what the order states:

Has paternity been established? _____ Is child support currently being paid? _____

By Whom? _____ How much each month? _____

Is the opposing currently behind in child support? _____ By how much? _____

Do you have a case with DHR? _____

Who carries medical/dental insurance on child(ren)? _____ Monthly expense: _____

Are there childcare expenses? If so, how much? _____ Who pays: _____

Gross monthly wages for him: _____ Gross monthly wages for her: _____

DO NOT FILL ANYTHING OUT BELOW THIS LINE - THANK YOU

(Office Use Only)

FEE ARRANGEMENT

\$ _____ Retainer

\$200.00 Hourly

Petition/Response: _____

(FEE QUOTED)

_____ *amf* _____ *pchltr*

\$100.00 /hour Legal Assistant Time

Motion for Interim Relief: _____

Interim Custody: _____

Interim Child Support: _____