

**CUSTODY, CHILD SUPPORT, AND PARENTING TIME MODIFICATION
NEW CLIENT INFORMATION SHEET**

**CERTIFIED PARALEGAL AND
TRANSCRIPTION SERVICES, LLC
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Costs: _____
Fees: _____
Type of Case: _____

Name: Date:

Maiden Name: Former Legal Names:

Home Phone: Work Phone: Cell Phone:

Email: Fax Number:

O.K. to call at home? O.K. to call at work? Best Time to Call:

Address:

City: State: Zip: County:

Mailing Address (if different than above):

City: State: Zip: County:

Date of Birth: Age: Place of Birth:
(City, county & state (if known))

Other Party Information

Name: Date:

Maiden Name: Former Legal Names:

Home Phone: Work Phone: Attorney:

Address:

City: State: Zip: County:

Education Background (highest grade completed):

Employer: Occupation:

Business Address:

Gross Wages Hourly: Monthly: Net:

Business Address:

Other Sources of Income: Amount:

Children

Full Name: Age: Date of Birth:

Full Name: Age: Date of Birth:

Full Name: Age: Date of Birth:

Who has custody?

Please describe your current legal issue

Date of decree or last modification: Who represented you?