**ABOUT THE CLIENT INFORMATION REQUESTS (CIR)**

This packet contains our information gathering forms, referred to by Family Court Direct staff as “CIR”. Please complete the following pages as completely as possible. Below is a brief description of each form, including its purpose.

CLIENT INFORMATION (pages 2-5). This portion of the form is to gather all available vital information about the parties involved in your legal matter. If a portion of the form does not pertain to you, please leave it blank. The opposing party means the other parent/party in the matter, whether or not the matter is uncontested. If there are two Petitioners, such as in a step-parent adoption or a guardianship, please fill out two copies of page 2 (Client information), one for each Petitioner. In guardianship proceedings, whether contested or not, the other party will be BOTH of the child’s parents/other party. Please fill out two copies of page 3 (Opposing Party), one for each parent/party. If needed, a second page of either page 2 or 3 will be sent to you, upon request.

CUSTODY AND VISITATION PLAN (pages 6-7). This portion of the form is intended for you to set forth your proposed parenting plan. Please provide as much information possible regarding what times the children shall be with either parent, including start and end times for visitation and holidays. DECLARATION (pages 8-10). This portion of the form is for you to state all information you feel is important for the legal consultant who will be preparing your paperwork. The legal consultant may use parts of your declaration (or the entire statement) when preparing your paperwork. Whether or not your statement actually set forth in the paperwork will be dependent upon what is the appropriate procedure for your particular jurisdiction.

FINANCIAL INFORMATION (pages 11-20). This form is used to provide us with information regarding your financial situation. This information may be used when completing financial statements for the court, including child support worksheets if applicable. This information may also be used to complete requests to waive court fees, mediation fees or service fees for low income persons.

Should you have any further questions about the CIR form, please feel free to contact your customer care representative.

1

# CLIENT INFORMATION

Full name: Maiden Name (If applicable):

Birth Date: Social Security Number:

City and State or Foreign Country where born:

Driver’s License Number: State:

Home Address:

City:

County: State: Zip:

How long have you lived in (City/County/State) \_

Home Phone Number: \_

Fax Number:

Cell Phone Number:

Email Address:

## MARRIAGE AND SEPARATION

### (if applicable)

City and State or Foreign Country of Marriage:

Date of Marriage:

Are you separated/divorced from your spouse/other party?

If so, please state the date of separation/divorce:

County and State of Divorce proceeding:

## OPPOSING PARTY INFORMATION

Full name:

Maiden Name (If applicable):

Birth Date: Social Security Number:

City and State or Foreign Country where born:

Driver’s License Number: State:

Home Address (if unknown, provide last known address): □ Current address □ Last known (if Last known, you MUST obtain current address before documents can be filed with the Court. Family Court Direct will not obtain addresses for the other party, but can refer you to a low cost private investigator for assistance.)

Address: City:

State:

County:

Zip Code:

How long has the other party lived in (City/County/State)? Home Phone Number: Employed? □ YES □ NO (If yes, please provide any information regarding their employment you may have.)

Employer name: Address: How long has the other party been employed by this company?

What is the other party’s income? If not sure, please provide an estimate and state the basis for this estimate.

$ □ monthly □ annually Basis for estimate:

## CHILDREN

Name:

Sex (M/F): Date of Birth: Age:

City and State of Birth:

Social Security Number:

Name:

Sex (M/F): Date of Birth: Age:

City and State of Birth:

Social Security Number:

Name:

Sex (M/F): Date of Birth: Age:

City and State of Birth:

Social Security Number:

Name:

Sex (M/F): Date of Birth: Age:

City and State of Birth:

Social Security Number:

Name:

Sex (M/F): Date of Birth: Age:

City and State of Birth:

Social Security Number:

During the past ***FIVE YEARS***, the minor children have lived with the following persons, at the following places and for the following periods of time. You must complete this portion with as much specific information as possible, including months/days/years.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates:From/To | Address where child lived | Name and present addressof person child lived with | Relationshipto Child |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### CUSTODY/VISITATION PLAN

Are there currently any custody orders in place? □ YES □ NO

Are there any restraining or protective orders in place? □ YES □ NO

Please provide the custody and/or visitation that you wish the court to grant to you. Physical custody of the child(ren) to □ SELF □ OTHER PARENT/PARTY □ JOINT Legal custody of the child(ren) to □ SELF □ OTHER PARENT/PARTY □ JOINT

Visitation to the other parent/party □ Yes (complete below) □ No □ Supervised only (complete below) The following schedule\*\*\* is time that I wish for the children to spend with □ Myself □ Other parent

|  |  |
| --- | --- |
| □ EVERY WEEKENDFrom at □ p.m. □ a.m. (day) (time) | To at □ p.m. □ a.m. (day) (time) |
| □ ALTERNATE WEEKENDSFrom at □ p.m. □ a.m. (day) (time) | To at □ p.m. □ a.m. (day) (time) |
| □ WEEKDAYSFrom at □ p.m. □ a.m. (day) (time) | To at □ p.m. □ a.m. (day) (time) |
| □ OTHER (example: one week on, one week off schedule, starting Sunday at 5 p.m. until the following Sunday at 5 p.m. Parents will alternate this schedule every week, equaling 50/50 time) Please be asspecific as possible and include start and end times. |

This form is for information purposes ***only***, in order that Family Court Drafting may better assist you with

the preparation of your documents. This form ***should not*** be filed with the court. 6

Transportation to the visit will be provided by: Transportation from the visit will be provided by: or

The parties will meet at the following location at

 □ a.m □ p.m for exchange of the child(ren).

|  |
| --- |
| HOLIDAYS AND SPECIAL OCCASIONSPlease indicate which parent/party the child(ren) will spend the following holidays with by writing Mother, Father or Other and indicating the time the visit will begin and end. |
| Holiday | Start/end time | Every year | Even years | Odd years |
| New Year’s Eve |  |  |  |  |
| New Year’s Day |  |  |  |  |
| Mother’s Day |  |  |  |  |
| Father’s Day |  |  |  |  |
| Fourth of July |  |  |  |  |
| Halloween |  |  |  |  |
| Christmas Eve |  |  |  |  |
| Christmas Day |  |  |  |  |
| Easter |  |  |  |  |
| Child’s Birthday |  |  |  |  |
| Other (specify) |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

# DECLARATION

**Please use the Declaration pages to provide us with background on your current legal matter, and to provide us with what your ultimate goal/desired outcome would be. You should also use this form to provide any rebuttals to the other party’s claims made in their Petition/Motion (if one has been filed). The statements provided by you in the declaration may be used as partial content of the documents being prepared for you, either in whole or in part.**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

# FINANCIAL INFORMATION

Employer name:

Employer address:

Employer phone number: Occupation:

Date job began: If unemployed, date job ended: How many hours per week do you work?

Pay period □ WEEKLY □ BI-WEEKLY □ TWICE MONTHLY □ MONTHLY

Hourly rate: $

Have you completed high school (or the equivalent)? How many years of college have you completed? How many years of graduate school have you completed?

What degrees have you obtained? Do you hold any professional or vocational licenses? What was the last tax year you filed taxes?

Filing status (single, married filing singly or jointly, head of household) What state do you file taxes in? Deductions/exemptions claimed:

PLEASE INCLUDE AT LEAST 2 PAY STUBS WHEN SUBMITTING THIS INFORMATION

MONTHLY INCOME

|  |  |
| --- | --- |
| 1. Salary or wages (*before taxes*): |  |
| 2. Bonuses, commissions, allowances, tips, or overtime |  |
| 3. Income from self-employment |  |
| 4. Public assistance, SSI, disability (please indicatewhich)  |  |
| 5. Alimony (spousal support) |  |
| 6. Worker’s compensation |  |
| 7. Social Security (not SSI) |  |
| 8. Unemployment compensation |  |
| 9. Dividends/Interest |  |
| 10. Rental property income |  |
| 11. Trust income, royalties or estates |  |
| 12. Monthly in-kind or reimbursed expenses to the extent that they reduce personal living expenses |  |
| 13. Any other monthly income not listed above (please specify) |  |
|  |  |
| TOTAL MONTHLY GROSS INCOME (add lines 1-13) |  |

MONTHLY DEDUCTIONS

|  |  |
| --- | --- |
| 1. Federal taxes |  |
| 2. State taxes |  |
| 3. Local taxes |  |
| 4. FICA or self-employment taxes |  |
| 5. Medicare payments |  |
| 6. Social security payments |  |
| 7. MANDATORY union dues |  |
| 8. MANDATORY retirement payments |  |
| 9. Health insurance payments, including dental, *excluding children of**this relationship* |  |
| 10. Health insurance payments, including dental, *actually paid for**children of this relationship* |  |
| 11. Monthly court ordered support paid for children from *another*relationship |  |
| 12. Monthly court ordered child support ***actually paid for this*** matter |  |
| 13. Monthly court ordered alimony actually paid from this matter |  |
| 14. Monthly court ordered alimony actually paid from another matter |  |
| 15. Any other monthly deductions not included above (please specify) |  |
| TOTAL MONTHLY DEDUCTIONS (add 1-15) |  |

AVERAGE MONTHLY EXPENSES

□Estimate expenses □Actual expenses □Proposed needs

|  |  |
| --- | --- |
| 1. □ Mortgage or □ rent |  |
| 2. Property taxes |  |
| 3. Electric |  |
| 4. Gas or heating |  |
| 5. Telephone |  |
| 6. Cable/internet |  |
| 7. Water/trash |  |
| 8. Cellular phone |  |
| 9. Groceries |  |
| 10. Dining out |  |
| 11. Household supplies (cleaning supplies, paper products, etc) |  |
| 12. Clothing for self |  |
| 13. Clothing for children |  |
| 14. Entertainment, gifts, vacation |  |
| 15. Gasoline |  |
| 16. Vehicle maintenance and repairs |  |
| 17. Auto insurance |  |
| 18. Charitable or religious organizations |  |

|  |  |
| --- | --- |
| 19. Savings or investments |  |
| 20. Insurance (life, accident, renter’s, etc. –do not include auto orhealth) |  |
| 21. Education (tuition, books, supplies) for self |  |
| 22. Education (tuition, books, supplies, lunch money, after schoolactivities, sports) for children |  |
| 23. Grooming for self |  |
| 24. Grooming for children |  |
| 25. Child Care |  |
| 26. Other (list) |  |
| 27. Other (list) |  |
| 28. Installment payments (from below) |  |
| TOTAL MONTHLY EXPENSES (add 1-28) |  |

|  |
| --- |
| MONTHLY INSTALLMENT PAYMENTS FOR EXPENSES NOT LISTED ABOVE (forautomobiles, please list make, model and year) |
| Creditor’s name | Purpose of debt | Amountpaid | RemainingBalance | Date of lastpayment |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List ALL other persons who live in your home:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Relation to you | This person’s monthly gross income | Does this person pay any of the household expenses? If yes, howmuch? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Health insurance information:

Do you have health insurance available to you through your employer? □ YES □ NO Name of insurance company:

Address and phone number, if available:

Do you receive state/county assisted medical coverage? □ YES □ NO

Name of program: Who is covered?

Special hardships or circumstances you wish for the court to consider:

## ASSETS AND DEBTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ASSETS | SeparateProperty? | Date Acquired | Current FairMarket Value | Balance Owed |
| Real Property*Provide address* |  |  |  |  |
| Vehicles (Including boats, trailers, RV, etc)*Provide Year, Make, Model of each* |  |  |  |  |
| Household Furnishings, Furniture, Appliances*Identify separately* |  |  |  |  |
| Jewelry, Antiques, Art, Coin Collections, etc.*Identify Separately* |  |  |  |  |

Phone: (888) 274-1440

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ASSETS (continued) | Sep. Prop | Date Acquired | Current FMV | Balance Owed |
| Savings Accounts*Provide Name of Bank, last 4 digits of account number* |  |  |  |  |
| Checking Accounts*Provide Name of Bank, last 4 digits of account number* |  |  |  |  |
| Cash*Provide location* |  |  |  |  |
| Tax Refund |  |  |  |  |
| Life Insurance with Cash Surrender or Loan Value*Company Name, location, and policy number* |  |  |  |  |
| Stocks, Bonds, Secured Notes, Mutual Funds*Provide Certificate #* |  |  |  |  |
| Retirement and Pensions*Name of company* |  |  |  |  |
| Profit-sharing, Annuities, IRAs, Deferred Compensation*Describe* |  |  |  |  |

Phone: (888) 274-1440

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assets (continued) | Sep.Prop | Date Acquired | Current FMV | Balance Owed |
| Accounts Receivable and Unsecured Notes*Describe* |  |  |  |  |
| Partnerships and other Business Interests*Describe* |  |  |  |  |
| Any other asset not listed above*Describe separately* |  |  |  |  |
| Total Assets: $  |

|  |  |  |  |
| --- | --- | --- | --- |
| Debts | Sep. Property | Total Owed | Date Incurred |
| Student Loans *Give Name of Lender, last 4 digits of account number, etc* |  |  |  |
| Taxes *Provide Details* |  |  |  |
| Support Arrearages *Give Details and Attach copy of Order* |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Debts (continued) | Sep. Property | Total Owed | Date Incurred |
| Loans-Unsecured *Give details* |  |  |  |
| Credit Cards *Give creditor’s name, address and last 4 digits of account number* |  |  |  |
| Any Other Debts not listed above List separately and provide details |  |  |  |
| TOTAL DEBTS: $  |