Date: _____ Attorney: _____

NEW CLIENT INFORMATION SHEET

MODIFICATION

Your Information

Name: _____ Age: _____
      First   Middle   Last   Maiden

Birthdate: _____ Place of birth: _____ Social Security No.: XXX-XX-_____

Driver License No.: XXXX_____ County of residence: _____ How long? _____
               (last 4 only & state)

Address: _____

Cell #:_____ Home #: _____

Email: _____

If mailing address is different: _____

How may we contact you?:   ) Mail   ( ) Cell #   ( ) Home #   ( ) Work #   ( ) Email

Employer: _____ Work #:_____

Address: _____

Monthly gross income: _____ Monthly net income: _____

Whom may we contact if we are unable to reach you?

Name: _____ Phone #: _____

How did you hear about us? _____

Information for Other Parent of Child(ren)

Name: _____ Age: _____
      First   Middle   Last   Maiden

Birthdate: _____ Place of birth: _____

Social Security No.: XXX-XX- _____ Driver License No.: XXXX_____
                                                    (last 4 only & state)

Address: _____
      Street   City   State   Zip

Cell #: _____ Home #: _____

Email: _____

Employer: _____

Address: _____
      Street   City   State   Zip

Monthly gross income: _____ Monthly net income: _____

Does the other parent have an attorney and if so, whom? _____

Information for Minor Child(ren)

Name: _____   Birthdate: _____   Age: _____

Social Security No.: XXX-XX- _____   Sex: ____   Place of birth: _____

Child lives with: ( ) Mom   ( ) Dad   ( ) Both   ( ) Other: _____

Name: _____   Birthdate: _____   Age: _____

Social Security No.: XXX-XX- _____   Sex: ____   Place of birth: _____

Child lives with: ( ) Mom   ( ) Dad   ( ) Both   ( ) Other: _____

Name: _____   Birthdate: _____   Age: _____

Social Security No.: XXX-XX- _____   Sex: ____   Place of birth: _____

Child lives with: ( ) Mom   ( ) Dad   ( ) Both   ( ) Other: _____

Name: _____   Birthdate: _____   Age: _____

Social Security No.: XXX-XX- _____   Sex: ____   Place of birth: _____

Child lives with: ( ) Mom   ( ) Dad   ( ) Both   ( ) Other: _____

Child Support

Is child support ordered to be paid for the above children: ( ) Yes   ( ) No

If so, amount: _____   Frequency: _____

Are the payments current: ( ) Yes   ( ) No   If no, arrearage: _____

General Information

Briefly explain what action you are seeking (i.e. change in support, visitation, custody):

_____

_____

Are there any prior orders in place for any of the above children?   ( ) Yes   ( ) No

If yes, for each order list the county and year:

_____

_____