

FOR YOU, THE CLIENT: FULL NAME

Address:

City:

State:

ZIP:

Date of Birth:

Home Phone:

Work Phone:

Driver's License#:

Height:

Weight:

Cell phone

Pager:

E-Mail :

Occupation:

Employer's Name:

Employer's Address:

Salary: (please specify if per year, per month, or per hour; GROSS salary, before taxes)

FOR YOUR SPOUSE : FULL NAME

Address:

City:

State:

ZIP:

Date of Birth:

Social Security Number

Home Phone:

Work Phone:

Driver's License#:

Height:

Weight:

Occupation:

Employer's Name:

Employer's Address:

Salary: (please specify if per year, per month, or per hour; GROSS salary, before taxes)

Do you own your residence?

Address of residence owned by both parties:

Date of Marriage:

Place of Marriage (city, state)

Date of Separation (approximate, if known)

Children: For each child OF THIS MARRIAGE, list Date of Birth, SSN# for the child, and who the child presently lives with primarily

Please list all of the children's residences for the last five years, and the approximate dates the child(ren) lived at each address. If the child(ren) lived at any address with anyone other than these two parents, please specify who the children resided with.

How many days each week does the non-custodial parent see the children? _____ days

Approximately how much time each day? _____ hours

Who provides medical insurance for the Children? _____ Mother _____ Father

How much does that parent pay for the medical insurance for the children?
\$_____/mo

Do the children require day care? _____ Yes _____ No

Who pays for day care? _____ Mother _____ Father How much? \$_____/mo

DOES MOTHER HAVE ANY OTHER CHILDREN NOT OF THIS MARRIAGE? If so, list by name and birthdate, and specify whether Mother pays or receives any court-ordered child support for each child.

DOES FATHER HAVE ANY OTHER CHILDREN NOT OF THIS MARRIAGE? If so, list by name and birthdate, and specify whether Father pays or receives any court-ordered child support for each child.