

CHILD SUPPORT INTAKE FORM

CLIENT INFORMATION

Name (First, Middle, Last): _____ Maiden Name: _____
Address: _____ Phone Number: _____
_____ Email: _____
Date of Birth: _____
Place of Birth (State & Country): _____
Race: _____
Employer: _____ Title: _____
Wages/Salary: _____ Pay Period: _____
Other Sources of Income: _____

OTHER PARTY INFORMATION

Name (First, Middle, Last): _____ Maiden Name: _____
Address: _____ Phone Number: _____
_____ Email: _____
Date of Birth: _____
Place of Birth (State & Country): _____
Race: _____
Employer: _____ Title: _____
Wages/Salary: _____ Pay Period: _____
Other Sources of Income: _____

DOES OTHER PARTY HAVE REPRESENTATION? Y / N

Name of Attorney if known: _____

ARE THERE CURRENT SUPPORT ORDERS? Y/N

County / Case Number if known: _____

Amount of support ordered: _____

Who is the paying party: _____

ARE THERE CURRENT CUSTODY AND TIMESHARING ORDERS? Y/N

Joint or Sole Custody: _____

If sole custody, which parent has sole custody: _____

Current timesharing/visitation schedule: _____

MINOR CHILDREN - Y / N

No. of Children: _____

Child #1:

Name: _____

Address: _____

Date of Birth: _____

SSN: _____

Child #2:

Name: _____

Address: _____

Date of Birth: _____

SSN: _____

Child #3:

Name: _____

Address: _____

