

CLIENT INTAKE FORM – CHILD CUSTODY & SUPPORT

Date:	File No.:				_
Last Name		First Name		Middle Initial	
Mailing Address					
Mailing Address.	Street	City		ZIP	=
Home Phone:		Work Phone:		Cell Phone:	
Physical Address	(if different): _				
Email Address:					<u></u>
Employer Phone I	Number:				
Date of Birth:		_			
Who May We Cor	ntact If We Can	not Contact You?			
Time may tre ee.	nast ii 175 Gai			Last Name	
Phone Number: _		Rela	tionship:		
Opposing Party's	s Information:				
Opposing rarry	<u>s imormation</u> .				
Last Name		First Name		Middle	Initial
Last Harris		That Name		Middle	iiiidai
Mailing Address:					_
How long in Al.	Street	City	State	ZIP	
How long in AL:					
Home Phone:		Work Phone:		_Cell Phone:	
Physical Address	(if different):				
					<u></u>
DOR:					



Is the opposing party represented by counsel? If so	o, who:	
Has the opposing filed a Petition/Motion?	If so, when:	
Reason for Consultation:		
		•
		-
		.
		-
		
		• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •
		
		
		
		• • • • • • • • • • • • • • • • • • • •



REASON FOR SELECTING THIS FIRM: REFERRED BY:YELLOW PAGES: INTERNETOTHER:							
CHILDREN INFORMATION:							
How many children from this relationship?							
Name:		B:Male	Male / Female				
Name:		B:Male	/ Female				
Name:	DO	B:Male	e / Female				
Name:	DO	B:Male	e / Female				
Name:		B:Male	e / Female				
Where is/are the child(ren) residing?							
List all addresses	where your child(ren) has/	have lived for the p	ast three years:				
Dates	With Whom the Children Liv	red	Address (street, city, state)				



Do you want the opposing party to have joint legal custody? YesNo
Do you want the opposing to have visitation? Yes No
If no, do you want the opposing party to have supervised visitation? Please briefly state why (please understand that bad parenting that you disagree with is different than dangerous parenting)
Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give your reasons why and the specific times you wish to have visitation/custody (i.e. birthdays):
Please list your children's present:
Religion:
Dentist (name and address):
Other Medical (name and address):
School(s) (name and address):



OTHER INFORMATION: Were you ever married to the opposing a	party? If yes, date of divorce:
	(Please provide a copy of the order)
Has paternity been established?	<u></u>
s child support currently being paid?	By Whom?
How much each month?	<u> </u>
s the opposing currently behind in child	support?By how much?
Do you have a case with CHILD SUPPO	RT ENFORCEMENT DIVISION?
Who carries medical/dental insurance or Monthly expense:	n child(ren)?
Are there childcare expenses? If so, how	v much?
Who pays:	
Gross monthly wages for him:	Gross monthly wages for her:
, , ,	
Violence may be is confusing. Misunder firm and clients could occur (i.e., who is order to make sure that everything is clear.)	e, Child Custody/Timeshare, Child Support, and Domestic rstandings and miscommunications between members of this is going to do what), especially at the beginning of a case. In ear, please be advised that our representation of you does not emestic Relations Fee Agreement and the Retainer.
DO NOT FILL ANYTHI	NG OUT BELOW THIS LINE - THANK YOU
DO NOT TILE ANTITHE	(Office Use Only)
FEE ARRANGEMENT	(Gilles See Gilly)
\$ Retaine	er
\$ <u>250.00</u> Hourly	
Petition/Response:	Motion for Interim Relief: Interim Custody:
	Interim Child Support: