

CHILD SUPPORT INTAKE FORM

TODAY S DATE:		
NAME:		
ADDRESS:		
PHONE:		
EMAIL:		
DOB:		
CURRENT EMPLOYER:		
SALARY:		
NATURE OF YOUR LEGAL	L ISSUE(S) (check	one):
CONTEMPT OF CHILE) SUPPORT	
CONTEMPT OF COUF	RT ORDER	
Any prior or current lega	ıl representation i	n this matter? Yes or No
If yes, Attorney name:		
Co-Parent Name:		
DOB of Co-Parent:		
Co-Parent's Current Emp	loyer:	
Co-Parent's Salary (if kno	wn):	
Co-Parent's Current Addr	ess:	
Co-Parent's County:		
Information about the c	hild(ren) involved	in this matter:
Name	DOB:	Who they reside with
Name	DOB:	Who they reside with
Name	DOB.	Who they reside with



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If minor child resides	with you, how long hav	e you had custody of the child?
Information about of	ther child(ren) under 1	8 not involved in this matter:
Name	DOB:	Who they reside with
Name	DOB:	Who they reside with
Name	DOB:	Who they reside with
Name	DOB:	Who they reside with
COURT ORDERS		
Is there a court order	for child support in pla	ce?
Is there a court order	for alimony or spousal	support in place?
What is your desired o	child support agreeme	
Brief Facts about you		
Cools very bone to se		
Goals you hope to ac	meve:	
How did you hear ab	out our law firm?	

Please note that any further consultations required beyond today will be subject to charges per the Attorney's standard hourly rate. Furthermore, please be aware that all fee estimates provided for case representation are subject to change and are only guaranteed for 7 days from the date of issuance. Cases not retained within 30 days may require a new consultation.



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