



CHILD SUPPORT INTAKE FORM

TODAY'S DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DOB: _____

CURRENT EMPLOYER: _____

SALARY: _____

NATURE OF YOUR LEGAL ISSUE(S) (check one):

CONTEMPT OF CHILD SUPPORT

CONTEMPT OF COURT ORDER

Any prior or current legal representation in this matter? Yes or No

If yes, Attorney name: _____

Co-Parent Name: _____

DOB of Co-Parent: _____

Co-Parent's Current Employer: _____

Co-Parent's Salary (if known): _____

Co-Parent's Current Address: _____

Co-Parent's County: _____

Information about the child(ren) involved in this matter:

Name _____ DOB: _____ Who they reside with _____

Name _____ DOB: _____ Who they reside with _____

Name _____ DOB: _____ Who they reside with _____



If minor child resides with you, how long have you had custody of the child? _____

Information about other child(ren) under 18 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 place? _____

Is there a court order for alimony or spousal support in place? _____

What is the history of your relationship with the child(ren)?

What is your desired child support agreement?

Brief Facts about your issue:

Goals you hope to achieve:

How did you hear about 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.



Rooted in *Family*. Rooted in *Service*.