



CHILD SUPPORT INTAKE SHEET

Today's Date: _____

ABOUT YOU

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cell Phone: (_____) _____

Current Marital Status: _____ Number of Children in the Home: _____

Social Security Number: _____

Driver's License State Issued from and Number: _____

Employer Name: _____

Employer Address: _____ City: _____

State: _____ Zip Code: _____ Employer Phone Number: _____

How long with current employer: _____

Current Position: _____

Gross Pay: \$ _____ Base Wage/Salary: \$ _____ How often are you

paid: Monthly Every two weeks Twice a month Weekly

(Please provide copies of your 6 most recent paystubs and your 3 most recent Federal and State Income Tax Returns)

Hours Worked per Week: _____ Average Overtime Per Week: _____

Commissions and/or Bonuses: _____

Expenses or Reimbursements by Employer (i.e. company car provided or paid for by employer, cell phone provided or paid for by employer, etc.)

Any Other Income: _____

OTHER PARENT

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cell Phone: (_____) _____

Current Marital Status: _____ Number of Children in the Home: _____

Social Security Number: _____

Driver's License State Issued from and Number: _____

Employer Name: _____

Employer Address: _____ City: _____

State: _____ Zip Code: _____ Employer Phone Number: _____

How long with current employer: _____

Current Position: _____

Gross Pay: \$ _____ Base Wage/Salary: \$ _____ How often are they

paid: Monthly Every two weeks Twice a month Weekly

Hours Worked per Week: _____ Average Overtime Per Week: _____

Commissions and/or Bonuses: _____

Expenses or Reimbursements by Employer (i.e. company car provided or paid for by employer, cell phone provided or paid for by employer, etc.)

Any Other Income:

DIVORCE OR PATERNITY INFORMATION

Case Number: _____

Date of Final Divorce or Paternity Established: _____

County and State Where Granted: _____

Current Amount of Child Support: _____

INFORMATION REGARDING THE CHILDREN

Children of the Parties:

Please complete below for all children of the parties

Name of Child	Date of Birth	Social Security Number	Who Currently has Residential Custody

Children **NOT** of the Parties:

Please complete below for all children **NOT** of the parties

Name of Child	Date of Birth	Social Security Number	Who Currently has Residential Custody	Support Payment	Relationship to the Party

DAYCARE COSTS

Amount per week: _____

Paid by: _____

Is daycare expense paid by cash or check? _____

Name of daycare provider: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

HEALTHCARE COSTS

Who pays for family health care coverage? _____

Is it an extra cost? Yes No

If yes, please provide the cost of coverage for:

Employee only: _____

Employee plus child(ren): _____

Employee + child(ren) + spouse: _____

Are there any special healthcare costs (i.e. orthodontic, etc.)?

Who pays?

Company/ provider name and address including city, state, and zip code:

Please provide documentation from your employer or insurance provider showing your monthly health insurance premium costs.

SUPPORT FOR OTHER CHILDREN

Does either parent pay child support for children from a previous marriage? Yes No

If yes, please provide:

Case number: _____ County & State of Case: _____

How much child support is paid per month and by whom? _____

SPECIAL FACTORS

Who claims children for tax dependency purposes? _____

Does custodial parent claim "Head of Household"? _____

Is there currently an Income Withholding Order in Place? _____

Describe current parenting time /custody arrangement (include specific days/times & drop off/pick up schedule):

Will any child attain age 18 during their senior year of high school?

Is the non-custodial parent current on their child support payments? Yes No

If no: What is the estimated child support arrearage amount? _____

When did the arrearage begin to accumulate? _____

Has execution or garnishment (i.e. has the Court Trustee or another attorney issued a contempt or garnishment to their wages/bank accounts, etc.) ever been issued on arrearage? _____

Do you currently have a holiday schedule? _____

DOCUMENTS NEEDED FROM CLIENT

Please provide the following with completed questionnaire to our office.

- Journal Entry of Judgment and Decree of Divorce or Journal Entry of Judgment and Declaration of Paternity
- Latest Parenting Plan in effect
- All Orders Modifying Child Support along with Child Support Worksheets
- Most recent W-2 Form
- Copies of paycheck stubs for the past six months
- Proof of payment of daycare costs
- Evidence showing monthly health insurance premium cost, names of persons covered, and amount of health insurance premiums attributable only to children