We know your time is extremely valuable to you. Therefore filling out this form prior to, and bringing it with you to your appointment, allows for more time to discuss the particulars of your case during your consultation and less time spent on gathering personal information on the parties involved. Please take a few moments to fill out the following form with as much information as possible and bring it with you to your appointment. Thank you!

Type of case:	□ Paternity	□ Parenting Ti	ne 🗆 C	ustody	□ Support □	Medical Expenses	□ Education Expenses
Has your case be	een filed with any	Court already?	□ yes	□ no	If so, Cty/State		
Is there a hearing date & time currently scheduled? \Box yes \Box no					If so, Date/Time?		
			Person	nal Info	ormation:		
Your Name (include	e maiden name)				Opposing Party's N	Jame (include maiden na	me)
Your Home Address	3				Opposing Party's F	Iome Address	
Your City, State, Zip	p				Opposing Party's C	City, State, Zip	
Your Home Phone					Opposing Party's F	Iome Phone	
Your Cell Phone					Opposing Party's C	Cell Phone	
Your email address					Opposing Party's e	mail address	
// Your DOB		Your SSN			// Opposing Party's D	DOB	 Opposing Party's SSN
		E	mploy	ment Ir	formation:		
Your Employer's Na	ame				Opposing Party's E	mployer's Name	
Your Employer's Address					Opposing Party's Employer's Address		
Your Employer's Ci	ity, State Zip				Opposing Party's E	Employer's City, State ZI	Р
Position		How long	g?		Position		How long?
\$ Wkly <u>gross</u> pay	\$ commissions	\$ bonuses			\$ Wkly gross pay	\$ commissions	\$ bonuses

Children (please use back page if needed):

Name of child	Age	/ DOB	Daycare/ School	Cost
Name of child	Age	// DOB	Daycare/ School	Cost
Name of child	Age	// DOB	Daycare/ School	Cost

Are you or your Opposing Party currently pregnant? \Box Yes \Box No

If yes, when is the baby due?

Do you have an order of support for any other born children? □Yes □No If yes, what is the weekly support amount?