

LEGAL SERVICE

CLIENT INFORMATION FOR:

DIVORCE _____ **RESPONSE TO DIVORCE** _____ **CHILD CUSTODY** _____
CHILD SUPPORT _____ **MODIFICATION OF CHILD SUPPORT** _____ **CHILD**
CUSTODY _____
OTHER: _____

TODAY'S DATE: _____

Petitioner's Name: _____ Respondent's Name: _____
Date of Birth: _____ Date of Birth: _____
Age: _____ Age: _____
Home Address: _____ Home Address: _____

Phone #: _____ Phone #: _____
Cell#: _____ Cell#: _____

Name of Employer: _____ Name of Employer: _____
Work Address: _____ Work Address: _____

Work #: _____ Work #: _____
Occupation: _____ Occupation: _____
Date of hire: _____ Date of hire: _____
Date of termination: _____ Date of termination: _____
Are you unemployed?: _____ Are you unemployed?: _____
Hours per week: _____ Hours per week: _____
Hourly Wage: _____ Hourly Wage: _____
Weekly gross pay: _____ Weekly gross pay: _____
Monthly gross pay: _____ Monthly gross pay: _____
Full time: _____ Part-time: _____ Full time: _____ Part-time: _____

Education

Completed High School?: _____ If your answer is no up to what grade?: _____ Years
completed in college: _____ Do you have a certificate: _____ Degree: _____ Professional
title: _____

Tax Information:

Most recent year filed taxes: _____ Filing status: single _____ married filing separately:
_____ married filing jointly: _____ Name of spouse you filed with: _____
Name of dependents: (1) name: _____ age _____ (2) name
_____ age _____ (3) name _____ age _____ (4)
_____ age _____

Date of Marriage? _____ Date of Separation: _____
Maiden Name: _____ Would you like to go back to your maiden name?
_____ yes _____ no

Do you have children of this marriage? _____ yes _____ no How many _____

Name of Children	Date of Birth	Age	Place of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Address where children have live for the past 5 years and with whom

1. From _____ to _____ Address: _____ mother__ or father__
2. From _____ to _____ Address: _____ mother__ or father__
3. From _____ to _____ Address: _____ mother__ or father__
4. From _____ to _____ Address: _____ mother__ or father__
5. From _____ to _____ Address: _____ mother__ or father__

Do you want spousal support? _____ yes _____ no

Do you want child support? _____ yes _____ no

Legal Custody awarded to: Mother _____ or Father _____

Physical custody awarded to: Mother _____ or Father _____

Visitation awarded to: Mother _____ or Father _____

Other Visitation Plan or Comments: _____

Visitation Schedule: Weekends only _____ every other weekend _____ week
days _____ from _____ am _____ pm

Pick up address: _____ Address: _____

Drop off Address: _____

Supervised visitation: _____ yes _____ no Travel outside of California: _____ yes _____ no

Percentage of time with Mother: _____ % Father: _____ %

Name of health care provider: _____ Address: _____

Do you have property or debts together _____ yes _____ no (such as yolk, checking, vehicles,
land in Mexico)

Property information, date acquire, description, value, how much owed

Separate property or debts: _____yes _____no (such as your, checking, vehicles, land in Mexico)

Income and Expense:

Mortgage or rent payment: \$ _____ Food \$ _____ Utilities: water power \$ _____ gas \$ _____ phone \$ _____ cell phone \$ _____ laundry \$ _____ gasoline \$ _____ child care \$ _____ other \$ _____

For waiver purpose other children from another relationship:

(1) Name: _____ age _____ relationship _____

(2) Name: _____ age _____ relationship _____

(3) Name: _____ age _____ relationship _____

Name of person who supports client: _____

ESTIMATE COST FOR THIS CASE: \$ _____

METHOD OF PAYMENT: CHECK _____ CASH _____ MONEY ORDER _____

PAID TODAY AMOUNT OF \$ _____ **BALANCE OF \$** _____