

## LEGAL SERVICES

### CLIENT INFORMATION FOR:

DIVORCE \_\_\_\_\_ RESPONSE TO DIVORCE \_\_\_\_\_ CHILD CUSTODY \_\_\_\_\_  
CHILD SUPPORT \_\_\_\_\_ MODIFICATION OF CHILD SUPPORT \_\_\_\_\_ CHILD  
CUSTODY \_\_\_\_\_  
OTHER: \_\_\_\_\_

### How did you hear from us?

### AGENT NAME AND TEL:

#### 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#: \_\_\_\_\_

#### EMAIL ADDRESS:

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**

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Separate property or debts: \_\_\_\_\_ yes \_\_\_\_\_ no (such as yolk, checking, vehicles, land in Mexico)

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**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 \$ \_\_\_\_\_**