

For office use only:  
EOC: \_\_\_\_\_  
ATTY: \_\_\_\_\_  
PAID: \_\_\_\_\_

**DOMESTIC RELATIONS (NON-DIVORCE)**

Date: \_\_\_\_\_, 20\_\_\_\_

(Check One)  Custody  Support  Paternity

**Please Answer all Questions Completely**

All information which you provide to us will be held in strictest confidence. If you feel uncomfortable about answering any question, please feel free to omit the answer. *If you feel you have been provided an incorrect form, please let the receptionist know.*

**1. Your Full Legal Name:** \_\_\_\_\_  Jr.  Sr. **Other** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Job Title/Description: \_\_\_\_\_

If Military, Branch: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ Home of Record: \_\_\_\_\_

**Approximate income:** \$ \_\_\_\_\_  per week  per month  per year

**2. Other Party's Full Legal Name:** \_\_\_\_\_  Jr.  Sr. **Other** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Job Title/Description: \_\_\_\_\_

If Military, Branch: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ Home of Record: \_\_\_\_\_

**Approximate income:** \$ \_\_\_\_\_  per week  per month  per year

**3. If married to person identified in paragraph 2:**

**Date married:** \_\_\_\_\_ **City and State** where married: \_\_\_\_\_

If now separated, **Date of Separation:** \_\_\_\_\_

State reason for separation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**4. List all children involved in this matter:**

Names

Date of Birth

SSN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The children are living with (*check one*):  me  other parent other: \_\_\_\_\_

5. **Have you been involved in any custody disputes in court regarding your child(ren)?**  Y  N  
 If “yes”, state court, when, where and the outcome: \_\_\_\_\_  
 \_\_\_\_\_
6. **Monthly Child Care Payment(s):** \_\_\_\_\_
7. **Who provides the Health Insurance for the child(ren)?** \_\_\_\_\_
8. **Name of Health Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_
9. **Monthly HealthCare Payment(s):** \_\_\_\_\_
10. **Any Support Arrearages?**  Y  N **If “yes”, detail each month and payment owed for each month?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. **Please tell us briefly how we can help you:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. **Name of other party(ies) involved:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_
13. **Have you ever used an attorney before?**  Y  N **Subject (optional):** \_\_\_\_\_
14. **Send mail to:**  My home  My office *(No mail will be sent unless you retain an attorney.)*

### A word about fees

For “uncontested” matters, your attorney can quote you a fixed fee; for other services, fees are generally charged on a time basis. Fees quoted are representative of similar cases, but are nevertheless estimated and depend upon the amount of work involved to bring your case to a conclusion. This will be explained by your attorney and in your retainer agreement with your attorney

After consulting with your attorney, if you find you do not need a lawyer or do not now wish to retain the lawyer with whom you consulted, you will be charged a \$150.00 consultation fee which is payable upon the conclusion of your visit (unless you have prepaid). This information sheet and the attorney’s notes will be retained for future use if you later decide to retain one of the Law Center’s attorneys.

An “initial consultation” is designed to give you, the client, an opportunity to determine whether the attorney has the skills to resolve the presenting problem and for you to see if you feel “comfortable” with the attorney’s personality and style. In most cases (i.e., cases of a routine nature not requiring significant legal research), the consultation will include advice on options you might pursue to resolve the presenting issue. The initial consultation fee does not cover “out of office” contacts, including placing telephone calls, drafting correspondence, etc. If you wish the attorney to perform such services for you during the initial consultation period, then you will be billed at the attorney’s standard hourly rate for such services. Fees will be quoted to you before any such “out of office” contacts are made.