

CLIENT INFORMATION
(Must be completed)

YOU:

First, Middle, Last Name: _____

Address: Street: _____

City, State, ZIP: _____

Phone No. (work): _____ (Cell): _____ (home): _____

Social Security Number: _____ Former last name(s): _____

Date of birth: _____ Age: _____ Current occupation: _____

Employer name: _____ Employer Address: _____

Approximate monthly Income: Gross: \$ _____ Take Home: \$ _____ *PROVIDE COPY OF PAY STUB

OTHER PARENT:

First, Middle, Last Name: _____

Address: Street: _____

City, State, ZIP: _____

Phone No. (work): _____ (Cell): _____ (home): _____

Social Security Number: _____ Former last name(s): _____

Date of birth: _____ Age: _____ Current occupation: _____

Employer name: _____ Employer Address: _____

Approximate monthly Income: Gross: \$ _____ Take Home: \$ _____ *PROVIDE COPY OF PAY STUB

Do either of you have income from any other source? **Yes** or **No** (Circle One)

List additional income. If necessary, please use back of page:

MINOR CHILDREN OF THIS ACTION

<u>Full Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>SSN</u>

<u>Full Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>SSN</u>

Do you or the other party have any children from previous relationships? **Yes** or **No** (Circle One)

If so, provide names and ages:

Name	Age

OTHER INFORMATION

- Have you or the other party been convicted of any gross misdemeanors or felonies? _____
If yes, give name, date, and types of convictions: _____
- Are you or the other party currently or ever a member of the U.S. Armed Forces? _____ If
yes, give branch and dates of service(s): _____
- Have you or the other party been charged with or convicted of an assault, domestic assault or
disorderly conduct?
If yes, provide date and type of conviction: _____

- Has there been domestic abuse in this relationship? _____
- Might your partner state that there has been domestic abuse? _____

****I swear that all of the information provided is complete & true to the best of my knowledge.****

Signature

Date

YOUR APPROXIMATE MONTHLY EXPENSES

ITEM	You	Children
HOUSING:		
Mortgage or Rent Payment		
Property Taxes and Association Dues		
Homeowner's/Renter's Insurance		
UTILITIES:		
Electricity		
Gas		
Water/Sewer		
Heat (gas or oil)		
Garbage		
Telephone (land line)		
Cell phones		
Internet		
FOOD:		
Groceries		
Restaurants/lunches		
HOME MAINTENANCE:		
Cleaning Supplies		
Cleaning/snow/lawn services		
Home repair/maintenance (average)		

APPAREL/UPKEEP:		
Clothing and shoes		
Laundry and dry cleaning		
MEDICAL CARE:		
Medical and dental insurance if NOT taken from paycheck:		
Deductibles and copays (average)		
Medications/prescription copays		
Eye care (average)		
Orthodontia		
TRANSPORATION:		
Car Payment		
Vehicle Insurance (average monthly)		
Maintenance and Repairs		
Gas		
License Tabs		
MISCELLANEOUS:		
Entertainment (golf and sporting events)		
School Lunches for children		
Lessons/Camps for children		
Sport fees for children (average)		
Uniform fees for children (average)		

Field Trips for children		
School Supplies		
Allowances for children		
Health club membership/dues		
Papers, books, magazines (average)		
Haircuts/etc		
Cosmetics/Toiletries		
Contributions to church/charities		
Gifts (average)		
Pet Care (food, vet visits)		
Savings		
Travel - airfare + hotel, meals (average)		
TOTAL:		