

**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:

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**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:

<b>Name</b>	<b>Age</b>

**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.\*\***

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Signature

Date

## YOUR APPROXIMATE MONTHLY EXPENSES

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

<b>APPAREL/UPKEEP:</b>		
Clothing and shoes		
Laundry and dry cleaning		
<b>MEDICAL CARE:</b>		
Medical and dental insurance if NOT taken from paycheck:		
Deductibles and copays (average)		
Medications/prescription copays		
Eye care (average)		
Orthodontia		
<b>TRANSPORATION:</b>		
Car Payment		
Vehicle Insurance (average monthly)		
Maintenance and Repairs		
Gas		
License Tabs		
<b>MISCELLANEOUS:</b>		
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)		
<b>TOTAL:</b>		