

Mailing Address: _____ City/State/Zip: _____

Tel # Home: _____ Work: _____ Cell: _____

E-mail Address: _____

State of Residence: _____ How Long: _____ Military? No Yes Retired

Employer: _____ Employer's Phone #: _____

Employer's Address: _____

Gross Monthly Income: \$ _____ Education level (specify degrees if any): _____

CHILDREN

Children from *This Relationship*

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Who are the child(ren) living with? _____

Is child support ordered/paid? _____ Current Amount? _____

Name and monthly cost of child care: _____

Where your children have lived for past five years and with whom:

Date Range	County and State	Caretaker's present address

Children from *Prior* Marriage/Relationship:

Name of Child	Date of Birth Age	Whose Child (Client or partner?)	Name of person the child lives with?	Is support owed for this child? If so, who pays it? If so, how much?

RELATIONSHIP INFORMATION

Marriage:

Date of Marriage: _____

City/State: _____

Date of Separation: _____

Is a party pregnant? No Yes

Date Cohabitation began: _____

Number of this marriage (first, second, etc.): _____

Domestic Partnership

Registered? No Yes

Date of Registered DP: _____

City/State: _____

Date Cohabitation began: _____

Is a party pregnant? No Yes

Date of Separation: _____

Unmarried:

Date Cohabitation began: _____

Is a party pregnant? No Yes

Date of Separation: _____

