



Civil | Eviction | Probate | Family Law | Real Estate

CHILD SUPPORT / SPOUSAL SUPPORT INTAKE

YOUR INFORMATION

Name _____
Last Name First Middle DOB _____

Address _____
Street City State Zip

Social Security Number _____ Drivers License _____ State _____

Telephone No.: _____

- I authorize emails concerning my case
- I authorize a follow up call concerning my consultation

OTHER PARTIES INFORMATION

Name _____
Last Name First Middle DOB _____

Address _____
Street City State Zip

Social Security Number _____ Drivers License _____ State _____

Telephone No.: _____

CHILD(REN) INFORMATION

1) Name _____
Last Name First Middle

2) Name _____
Last Name First Middle

3) Name _____
Last Name First Middle



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VISITATION SCHEDULE

What schedule would you like to ask for? (e.g. Mondays: 4pm-7pm, Saturdays: every other over night) Or would you like a less structured visitation schedule (e.g. visits to be left open and upon agreement). Please be specific:

CUSTODY

	Full <u>Physical</u>	Joint <u>Physical</u>	Full <u>Legal</u>	Joint <u>Legal</u>
Child #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACTS OF THE CASE

Date of Marriage (if applicable) _____ Date of Separation (if applicable) _____

Do you have an open case with Child Support Services? YES NO

** If so, what is the case number _____

Do you have an open case with the Superior Court? YES NO

**If so, what is the case number _____

Do you receive any type of government financial assistance? (e.g. food stamps, medical, etc.) YES NO



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FINANCIAL STATEMENT

- a. Place of Employment: _____ Job Title: _____
 Address of Employment _____ City _____ State _____ Zip _____
- b. Date Employment Started _____ If unemployed, date job ended _____
- c. Average hours worked per week _____ Hourly wage _____
- d. Have You completed high school or the equivalent: Yes No
- e. Number of years of college completed _____
- f. Do you have a: Professional / Occupational License(s): Specify _____
 Vocational Training : Specify _____
- g. Last year you filed your taxes _____
- h. What did you claim: Single head of household
 married, filing separately married, filing joint with: _____
- i. How many exemptions (including yourself) do you claim _____
- j. **Other Party's Income:** What do you estimate the gross monthly income is for the other party? _____
 What do you base your estimate on? _____

HOUSEHOLD EXPENSES

1. <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	\$ _____	8. Laundry/Cleaning	\$ _____
2. Health-care costs not paid by insurance	\$ _____	9. Clothes	\$ _____
3. Child Care	\$ _____	10. Education	\$ _____
4. Groceries and household supplies	\$ _____	11. Entertainment	\$ _____
5. Eating out	\$ _____	12. Auto expenses	\$ _____
6. Utilities (gas, electric, water, trash)	\$ _____	13. Other _____	\$ _____
7. Telephone, cell phone & internet	\$ _____		



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Credit cards not listed above:

<i>Paid to</i>	<i>For</i>	<i>Amount</i>	<i>Balance</i>	<i>Last Payment</i>

Is there ANY other information that is not asked in this intake that may affect the custody or visitation orders you are requesting? If so, please explain.

I, the undersigned, declare the following:

It has been disclosed to the Customer that Inland Valley Doc Prep is owned and operated by document preparers that are prohibited by law from giving legal advice. The Customer acknowledges that the Preparer is prohibited by law from giving legal advice and shall hold Preparer harmless of the outcome of court rulings, hearings, and any motions filed against the Customer. The Customer understands that he or she is responsible for his or her legal decisions and declarations made by Preparer which is incorporated in the documents prepared by this Preparer. The Customer also acknowledges that Inland Valley Doc Prep does not represent Customer and that Customer must appear for himself/herself in all Court proceedings and hearings. The Client must take responsibility for Customer's actions and arguments. Inland Valley Doc Prep is responsible for meeting the proper statutes in relations to preparation of Customer's paperwork and pleadings, including formatting the documents properly.

By checking this box and signing below, I agree with the above declaration.

Date: _____

Please Print Your Name

Please Sign