

POST JUDGMENT FAMILY LAW INTAKE

Today's date: \_\_\_\_\_

- Reason for visit:  custody
- parenting time
- child support
- other: \_\_\_\_\_

MOTHER'S INFORMATION

Full name (including middle name): \_\_\_\_\_

Any other names mother is known by: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Any other telephone number(s): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FATHER'S INFORMATION

Full name (including middle name): \_\_\_\_\_

Any other names mother is known by: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Any other telephone number(s): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MARRIAGE, DIVORCE, AND SEPARATION INFORMATION

Date of marriage: \_\_\_\_\_

Date of judgment of divorce: \_\_\_\_\_

Judgment entered  after trial  by agreement

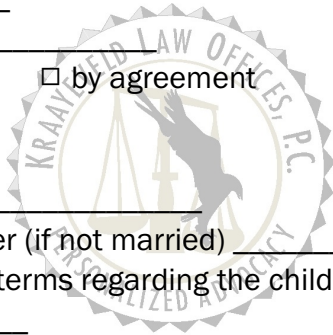
Length of time of divorce proceedings \_\_\_\_\_

Date of separation (if not married) \_\_\_\_\_

Amount of time that you resided together (if not married) \_\_\_\_\_ years, months, never

Do you have a court order outlining the terms regarding the child(ren)  yes  no

If yes, date of order: \_\_\_\_\_



**CHILDREN**

Full Name	D/O/B	Age	Child resides with		
_____	_____	_____	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other: _____
_____	_____	_____	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other: _____
_____	_____	_____	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other: _____
_____	_____	_____	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other: _____
_____	_____	_____	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other: _____
_____	_____	_____	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other: _____

**OTHER CHILDREN OF EITHER FATHER OR MOTHER NOT INVOLVED IN THIS CASE**

Full Name	D/O/B	Whose child	Residing with whom/where	Support order in place? amount/who pays or receives
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does anyone other than a parent have custody of the children or has had custody in the past?

yes     no    Details: \_\_\_\_\_

**CUSTODY**

Date of the latest order providing terms of physical custody: \_\_\_\_\_

Current court order provides physical custody as follows:

- father; full physical
- mother; full physical
- split; mother has custody of the following children \_\_\_\_\_ and father has custody of the following children \_\_\_\_\_
- Shared: mother has \_\_\_\_\_ overnights; father has \_\_\_\_\_ overnights
- Other: \_\_\_\_\_

Are the children actually residing with the parent as outlined in the custody order?

Yes     No; details \_\_\_\_\_

Date of latest order providing terms of legal custody: \_\_\_\_\_

- Joint
- Father has sole legal
- Mother has sole legal
- Other: \_\_\_\_\_



Do the other parent and you:

- Share major decision making
- Only inform the other parent of major decisions
- No information is actively exchanged, but the retrieval of information is not prevented either
- No information is exchanged and the retrieval of information is actively blocked

**PARENTING TIME**

Date of the latest order providing terms of parenting time: \_\_\_\_\_

The parenting time terms of the order are as follows:

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Do you and the other parent follow the terms of the order

- Yes; within minutes
- Yes, with a one-half hour leeway
- No parenting time is voluntarily neglected by  me  other parent  
Details of parenting time exercised in the past year \_\_\_\_\_
- No parenting time is denied by  me  other parent  
Details \_\_\_\_\_
- Other:

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**CHILD SUPPORT**

Date of the latest support order: \_\_\_\_\_

Amount of support \$ \_\_\_\_\_;  
 Ordinary health care expenses: \$ \_\_\_\_\_;  
 Day care: \$ \_\_\_\_\_;

Is this amount pursuant to the formula:  Yes  No;

If no, reason for deviation: \_\_\_\_\_

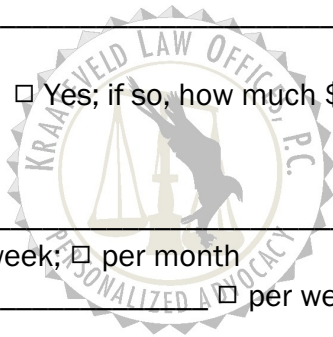
Is there an outstanding arrearage:  No  Yes; if so, how much \$ \_\_\_\_\_ as of \_\_\_\_\_ (date)

**DAY CARE**

Name and address of daycare provider: \_\_\_\_\_

Cost of daycare: \$ \_\_\_\_\_  per week;  per month

During vacations, costs of daycare \$ \_\_\_\_\_  per week;  per month



This cost covers \_\_\_\_\_ children

Which days and hours are the children in daycare: \_\_\_\_\_

Do you or the other parent receive governmental assistance for this cost:  no  yes: \$ \_\_\_\_\_

**EDUCATION**

The children attend the following school(s)

Name of school	Address	Grade	Teacher's name (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INCOME**

**EMPLOYMENT**

*MOTHER/*

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long at this job: \_\_\_\_\_

Second job?  yes  no

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long at this job: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupational license:  yes  no What kind: \_\_\_\_\_

Total hours worked each week: \_\_\_\_\_

Work schedule: \_\_\_\_\_

Hourly rate: \$ \_\_\_\_\_

Gross income: \$ \_\_\_\_\_ per  week  two weeks  month  year

Bonuses/commissions: \$ \_\_\_\_\_

Job benefits: \_\_\_\_\_

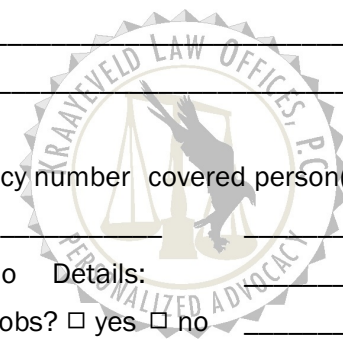
Any payroll deductions (other than taxes): \_\_\_\_\_

Insurance?  yes  no

dental/medical/life	company	policy number	covered person(s)	cost (if any)
_____	_____	_____	_____	_____

Pension/Retirement Plan?  yes  no Details: \_\_\_\_\_

Any pension plans from previous or other jobs?  yes  no \_\_\_\_\_



Other income:	<i>monthly amount</i>	<i>type of assistance</i>	<i>case no.</i>
Public assistance	_____	_____	_____
Social Security	_____	_____	_____
SSI:	_____	_____	_____
Child Support	_____	_____	_____
Unemployment	_____	_____	_____
Worker's Comp	_____	_____	_____
Trust fund income	_____	_____	_____
Other _____	_____	_____	_____

**FATHER/HUSBAND:**

Employer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

How long at this job: \_\_\_\_\_

Second job?  yes  no

Employer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

How long at this job: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupational license:  yes  no What kind: \_\_\_\_\_

Total hours worked each week: \_\_\_\_\_

Work schedule: \_\_\_\_\_

Hourly rate: \$ \_\_\_\_\_

Gross income: \$ \_\_\_\_\_ per  week  two weeks  month  year

Bonuses/commissions: \$ \_\_\_\_\_

Job benefits: \_\_\_\_\_

Any payroll deductions (other than taxes): \_\_\_\_\_

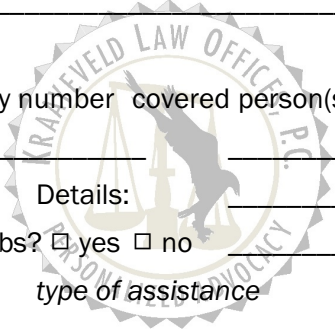
Insurance?  yes  no

dental/medical/life company policy number covered person(s) cost (if any)  
 \_\_\_\_\_

Pension/Retirement Plan?  yes  no Details: \_\_\_\_\_

Any pension plans from previous or other jobs?  yes  no \_\_\_\_\_

Other income: *monthly amount* *type of assistance* *case no.*



Public assistance	_____	_____	_____
Social Security	_____	_____	_____
SSI:	_____	_____	_____
Child Support	_____	_____	_____
Unemployment	_____	_____	_____
Worker's Comp	_____	_____	_____
Trust fund income	_____	_____	_____
Other _____	_____	_____	_____

\*\* *Please provide your last three paystubs. Indicate if any deductions are mandatory (i.e., union dues, pensions, etc. Please provide the last two income tax returns (personal and business) with their schedules, 1099s and W2s.*



1. CHILDREN'S INCOME

Do any of the children receive SSI or social security benefits  yes  no

How much? \$\_\_\_\_\_ Which child?\_\_\_\_\_ Nature of disability: \_\_\_\_\_

2. EDUCATION

MOTHER/WIFE

Highest degree obtained \_\_\_\_\_

	<i>Date obtained</i>	<i>Degree</i>
High school/GED	_____	_____
College	_____	_____
Further education	_____	_____
Training	_____	_____

Did father/husband contribute to wife/mother's education?  yes  no;

Describe \_\_\_\_\_

FATHER/HUSBAND

Highest degree obtained \_\_\_\_\_

	<i>Date obtained</i>	<i>Degree</i>
High school/GED	_____	_____
College	_____	_____
Further education	_____	_____
Training	_____	_____

Did father/husband contribute to wife/mother's education?  yes  no;

Describe \_\_\_\_\_

NOTES:

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COURT INFORMATION:

Case pending in \_\_\_\_\_ County Circuit Court

Judge assigned to case \_\_\_\_\_

Case no. \_\_\_\_\_

Date of last hearing \_\_\_\_\_

Purpose of last hearing \_\_\_\_\_

Date of last order \_\_\_\_\_

Have any hearings been appealed to Court of Appeals?  Yes  No

Name of opposing counsel \_\_\_\_\_

