

CHILD SUPPORT INTAKE QUESTIONNAIRE

TYPE OF CASE: ___ DE NOVO ___ MODIFICATION ___ ENFORCEMENT

NAME OF CLIENT: _____

YOU ARE THE ___ PETITIONER ~or~ ___ RESPONDENT IN THIS ACTION

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: (City & State): _____

HOME RESIDENCE _____

MAILING ADDRESS, IF DIFFERENT THAN HOME ADDRESS: _____

TELEPHONE NUMBERS: (H) _____ (cell) _____

E-Mail: _____

NAME & ADDRESS OF EMPLOYER: _____

NAME & RELATION OF OPPOSING PARTY: _____

THEY ARE THE ___ PETITIONER ~or~ ___ RESPONDENT IN THIS ACTION

DATE OF BIRTH: _____ PLACE OF BIRTH: (City & State): _____

SOCIAL SECURITY NUMBER: _____

HOME RESIDENCE: _____

MAILING ADDRESS, IF DIFFERENT THAN HOME ADDRESS: _____

TELEPHONE NUMBERS: (H) _____ (cell) _____

E-MAIL: _____

NAME & ADDRESS OF EMPLOYER: _____

HOW MANY CHILDREN? ___ IS LEGAL PATERNITY AN ISSUE? ___ YES ___ NO

FOR EACH CHILD PROVIDE:

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Child resides with</u>

ARE THE CHILD(REN) COVERED BY MEDICAL INSURANCE? ___ YES ___ NO

INSURANCE CO. _____

WHO IS THE POLICYHOLDER? _____

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IS THE CHILD SUPPORT ORDERED BY:

___ FAMILY COURT ORDER → PLEASE provide County, Docket No., Date & Copy:

___ DIVORCE JUDGMENT → PLEASE provide County, Docket No., Date & Copy:

___ SEPARATION AGREEMENT → PLEASE provide County, Docket No., Date & Copy:

IS THE SUPPORT COLLECTION UNIT INVOLVED? ___ YES ___ NO

AMOUNT OF ORDER (OR AGREEMENT) & FREQUENCY OF AMOUNT (per week, month, etc.)

ARREARS? ___ YES ___ NO

HOW MUCH? \$ _____ AS OF _____

WERE **UNREIMBURSED MEDICAL EXPENSES** ORDERED? ___ YES ___ NO

IF SO, FOR HOW MUCH/%? _____

AMOUNT OF MEDICAL ARREARS, IF ANY: \$ _____ AS OF _____

WAS **CHILDCARE** ORDERED? ___ YES ___ NO

IF SO, FOR HOW MUCH/%? _____

AMOUNT OF CHILDCARE ARREARS, IF ANY: \$ _____ AS OF _____

WERE **EDUCATIONAL EXPENSES** ORDERED? ___ YES ___ NO

IF SO, FOR HOW MUCH/%? _____

AMOUNT OF EDUCATIONAL ARREARS, IF ANY: \$ _____ AS OF _____

WAS **SPOUSAL SUPPORT** ORDERED? ___ YES ___ NO

IF SO, FOR HOW MUCH/%? _____

AMOUNT OF SPOUSAL ARREARS, IF ANY: \$ _____ AS OF _____

OTHER? _____

HOW MUCH/%? _____

ARREARS, IF ANY: \$ _____ AS OF _____

ARE THERE ANY ORDERS OF PROTECTION? ___ YES ___ NO

IF SO, PLEASE PROVIDE TERMS, COUNTY & DOCKET No. _____

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