

Attorney _____

SUPPORT QUESTIONNAIRE

Date: _____

Referred by: _____

Please print clearly the answers to the following questions.

1. Your name: _____

1. Your address: _____
(Street) (City) (State) (Zip)

3. Your e-mail address: _____

4. Your Date of Birth: _____

5. Home Phone: _____ Work Phone: _____
Cell Phone: _____

6. Opposing Party's Name: _____
(First) (Middle) (Last)

7. Opposing Party's address: _____

8. Opposing Date of Birth: _____

9. Date and place of marriage: _____
(Date) (State)

10. Date of separation: _____

11. Do you have a copy of your marriage certificate: _____

12. Your present employer's name and address: _____

13. What is your position or title: _____

14. How long have you worked there: _____

15. How much do you get paid: _____
Hourly Weekly Yearly

16. Opposing Party's employment: Name and address of present employer: _____

17. How long has he/she worked there: _____

18. How much does he/she get paid: _____
Hourly Weekly Yearly

19. What is their position or title: _____

20. Do you and your spouse/opposing party have any children together: _____

If so, please state the following:

(A) Name: _____ Date of Birth: _____

(B) Name: _____ Date of Birth: _____

(C) Name: _____ Date of Birth: _____

(D) Name: _____ Date of Birth: _____

21. In the past five years, where, when and with whom have the above listed children lived:

Date Address With whom

22. Is there a support order or custody order regarding these children: _____
23. If so, in what County is this Order entered in: _____ Do you have a copy: _____
24. Are you or your spouse or other parent receiving public assistance: _____
25. Do you or your spouse or other parent have daycare and/or babysitting expenses: _____
26. If so, how much are these expenses: _____
27. Do you or your spouse or other parent have any unreimbursed medical expenses: _____
28. If so, how much are these expenses: _____
29. Do you or your spouse or other parent have medical insurance coverage: _____
30. If so, please state the type, coverage and from where this medical insurance is received: _____

31. Do the child/children attend parochial or private school: _____
32. What is the name and location of this school: _____
33. Do you pay a weekly, monthly or yearly fee to send the child/children to this school: _____
34. If so, how much are these fees: _____
35. Did you or your spouse or other parent agree to send the child/children to this school: _____