

ZLOCK
FAMILY LAW ATTORNEYS
EST. 1996

SUPPORT QUESTIONNAIRE

Please complete the questionnaire and return to us prior to your in-person or virtual consultation.

There are 2 ways you can complete the questionnaire:

- Complete online
 - Type in your answers in the fillable questionnaire below
 - Download/save the completed questionnaire on your computer
 - Email the questionnaire to info@zlocklaw.com
- Complete on paper
 - Download and print the questionnaire
 - Complete the questionnaire
 - Email the questionnaire to info@zlocklaw.com
 - You can take a picture or scan the questionnaire and attach to your email

In addition to this form, there are other questionnaires you may also need to complete prior to your consultation depending on your matter: Custody Questionnaire, Divorce Questionnaire and Prenuptial Agreement Questionnaire. Please complete these forms only if they are applicable to you. For example, if you have a divorce matter, you do not need to complete separately a Custody and/or Support Questionnaires, you need to complete the Divorce Questionnaire only.

Attorney: _____

Date: _____

Referred by: _____

Would you like to receive your correspondence via e-mail? YES _____ NO _____

Please type or print clearly the answers to the following questions.

1. Your name: _____

2. 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 Party's 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:

<u>Date</u>	<u>Address</u>	<u>With Whom</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

Thank you for completing the questionnaire.

Please email the completed questionnaire to info@zlocklaw.com.