

INTAKE FORM FOR JDR MATTERS

Please complete this form as fully and accurately as possible. If any information is not known to you, please leave the space blank. This information is needed for your consultation and possible future representation, if retained. Thank you in advance for your cooperation and assistance.

FOR OFFICE USE ONLY:

| | | | | |
|---------------------------------------|-------------------------------------|--|--|-------------------------------------|
| <u>This is a matter regarding:</u> | | | <u>Matter is:</u> | |
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Custody | <input type="checkbox"/> Child Support | <input type="checkbox"/> Original Petition | <input type="checkbox"/> MTA/R |
| <input type="checkbox"/> Emancipation | <input type="checkbox"/> Visitation | <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Contested | <input type="checkbox"/> Consensual |

1. Party Information:

| Parties to Matter: | Biological Mother's Information | Biological Father's Information | Other Interested Party <i>(If any, someone other than parents that want custody/visitation rights)</i> |
|--|---|---|--|
| Full Legal Name <i>(first, middle, last, suffix)</i> | | | |
| Date of Birth <i>(month, day, year)</i> | | | |
| Social Security #: | | | |
| Current Address Physical: <i>(street # & name; city; state; zip)</i> | | | |
| Mailing: <i>(If different from physical)</i> | | | |
| Phone Numbers <i>(home, work, cell)</i> | | | |
| Email Address | | | |
| Employment <i>(Employer's Name & City)</i> Job Title Gross Annual Income <i>(before taxes and deductions)</i> | | | |
| Name of Spouse or Significant Other | | | |
| Currently in the military service of the U.S.? | ___ No ___ Yes Branch: _____ | ___ No ___ Yes Branch: _____ | ___ No ___ Yes Branch: _____ |
| Does he/she consent (agree) or contest (disagree) with what you want? | ___ Consent (agree) ___ Contest (disagree) | ___ Consent (agree) ___ Contest (disagree) | ___ Consent (agree) ___ Contest (disagree) |
| Other Important Information | | | |

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2. Child(ren) Involved:

| Child's Full Legal Name <i>(first, middle, last, suffix)</i> | Date of Birth <i>(month, day, year)</i> | Age | Sex <i>M/ F</i> | Social Security# <i>(not needed if adult)</i> | Currently Residing With <i>(name, relationship, city located at)</i> |
|---|--|-----|--------------------|--|---|
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| | | | | | |
| | | | | | |

a. The child(ren) listed above lived at the *same* address for 5 years? Yes No

b. The children(ren) listed above lived within VA for the past 6 months? Yes No

3. Current/Prior Legal Proceedings

a. Has there been anything filed with a court regarding this matter? Yes No

What action(s): _____ Next Court Date(s): _____

What court(s): _____ Case #: _____

*UCCJEA:
-Home state @ time of filing
-Home state 6 months prior, child absent but a "parent" still resides
-Significant connections
-Best interest of child*

b. Married to opposing party? Yes No Divorced to opposing party? Yes No

c. Any Protective Orders between you and opposing party, now or in the past? Yes No

d. Social Services ever involved with you, opposing party, or any child at issue? Yes No

4. Child Support Information: *(Complete section only if child support is at issue)*

a. Childcare: Do any child at issue attend childcare/daycare? Yes No

| | |
|------------------------------------|--|
| Childcare provider name & address: | |
| Cost for childcare: | |
| Who attends childcare & when: | |

b. Do you OR opposing party have any *other* minor children within the household? Yes No

c. Other Support Obligations: Do you OR opposing party pay *other* child support or spousal support?

If yes, indicate to whom and the monthly amount: _____

d. Healthcare:

| | | | |
|--|--|---|---------------------------------|
| The child(ren) have the following: | <input type="checkbox"/> Medical insurance | <input type="checkbox"/> Dental insurance | <input type="checkbox"/> Vision |
| Name of insurance provider/policy: | | | |
| Who provides healthcare? | | | |
| Monthly cost to cover only child(ren)? | | | |