

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
<input type="checkbox"/> Adoption	<input type="checkbox"/> Show Cause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
Citizenship	___ U.S. Citizen ___ Other: _____	___ U.S. Citizen ___ Other: _____	___ U.S. Citizen ___ Other: _____

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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>

- 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)?			