

### CUSTODY, VISITATION, & SUPPORT INTAKE FORM

|  |                           |                                |
|--|---------------------------|--------------------------------|
| <b>CONFIDENTIAL INTAKE INFORMATION</b> | Interview Date _____      | Initial Consultation Fee _____ |
|  | Conflict Check _____      | Conflict Check Date _____      |
|  | Rate Quoted _____         | Estimate Quoted _____          |
|  | Down Payment Quoted _____ | Down Payment Paid _____        |
|  | Retainer Signed _____     | Date Retained _____            |
|  | Strategy Session _____    | Entered MyCase _____           |
|  | Follow up sent _____      | Non-engagement sent _____      |
|  | 90 Day Credit Date _____  | DCR _____                      |

Today's Date: \_\_\_\_\_

Please complete this form as completely and accurately as you can. All information that you provide will be held in strict confidence. Please use additional sheets, if necessary.

#### **ABOUT YOU:**

Your Full Legal Name: \_\_\_\_\_

Other names used in past: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

- I authorize emails concerning my case.
- I authorize emails of general interest from the Law Office of Tonya N. Gibbs, PLC

May we contact you concerning your case via:  Phone  Text Message

Preferred Method(s) of Contact: \_\_\_\_\_

Languages Speak Fluently  English  Spanish  Other \_\_\_\_\_ Primary Language \_\_\_\_\_

Employer: \_\_\_\_\_

Monthly Income Amount: \_\_\_\_\_ Other Source of Income: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Highest Level of Education Completed:  Highschool  Some College  2 year degree  4 year degree  Graduate School  Post-graduate school  Technical/Vocational  Did not finish highschool  Other \_\_\_\_\_

Military:  Yes  No Branch: \_\_\_\_\_ Active  Reservists  Retired  N/A

**THE CURRENT PROBLEM IS:** (Check all that apply)

- Pre-Divorce Information       Divorce Information       Establish Paternity
- Establish Child Support       Modify Child Support       Enforce Child Support
- Enforce Divorce Order       Second Opinion       Other \_\_\_\_\_
- Need Domestic Violence Order       Violation of Domestic Violence Order       Unsure

**DETAILS REGARDING THE RELATIONSHIP AT ISSUE:** (Check all that apply)

Describe your relationship with the Opposing Party:

- Amicable       Don't Get Along       Intensely Hostile
- Emotional Cruelty       Potentially Violent       History of Violence
- Adultery       Financial /other misrepresentations or fraud

**EMERGENCY ORDERS:** (If applicable)

I FEEL I NEED EMERGENCY ORDERS BECAUSE:

My spouse is VIOLENT. He or she has:

- Actually hit me or threatened to cause me physical harm.
- Actually hit the CHILD(REN) or threatened to cause the CHILD(REN) physical harm.
- Threatened me or a member of my family with a weapon.
- I believe my spouse will continue to actually hit me and carry out the threats.
- I fear for my personal safety and or safety of my child(ren).
- My spouse abuses:  alcohol  drugs
- My spouse has threatened to take our children away.

**MODIFICATION OF EXISTING ORDER:** (If applicable)

**I have a child custody, visitation and/or support order and I want to change it.**

Child Support-  Increased  Decreased The present Order states \$\_\_\_\_\_ per Child

Spousal Support-  Increased  Decreased The present Order states \$\_\_\_\_\_ per month

Custody - My present order states: \_\_\_\_\_

Visitation – My present order states: \_\_\_\_\_

**ENFORCEMENT OF EXISTING ORDER:** (If applicable)

**I have a child custody, visitation and/or support order and the other party is not following it.**

I need my order enforced; My Order was granted in the state of \_\_\_\_\_

My order is for:  Child Support  Visitation  Custody  Spousal Support  Protective Order

There is no court order currently in place for:  Child Support  Visitation  Custody  Spousal Support

**NO EXISTING COURT ORDER:** (If applicable)

**I do not have a child custody, visitation and/or support order in place.**

If there is no court order, what are the current custody and visitation arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is no court order, what are the current child support arrangements? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been involved with any Family Law proceeding with any Court? If so, please explain fully when, where, and why. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is Child Protective Services currently involved, or has CPS ever been involved with the child(ren)?  
Yes or No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT MY SPOUSE, FORMER SPOUSE OR MY CHILD(REN'S)  
OTHER PARENT (the other party)**

NAME: \_\_\_\_\_

Other names used in past: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Physical Descript.: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Race \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name, Address & Phone: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

List any other sources of income, property, or financial resources that you are aware of: \_\_\_\_\_

\_\_\_\_\_

Spouse's or Other Party's, Attorney (if applicable): \_\_\_\_\_

**MARRIAGE & FAMILY INFORMATION:**

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Pregnant?  Yes  No

Please list minor children of this marriage/ relationship:

| Child's Name | Date of Birth | Place of Birth | Social Security # |
|--------------|---------------|----------------|-------------------|
| _____        | _____         | _____          | _____             |
| _____        | _____         | _____          | _____             |
| _____        | _____         | _____          | _____             |
| _____        | _____         | _____          | _____             |

Are there any other court proceeding(s) affecting your children?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN OF PRIOR RELATIONSHIP(S):** (If applicable)

Are there minor children of a prior marriage/relationship(s)?  Yes  No

Are they residing with you?  Yes  No

Are you receiving support?  Yes  No Monthly \$ \_\_\_\_\_

Are you paying support?  Yes  No Monthly \$ \_\_\_\_\_

| Child's Name | Date of Birth | Place of Birth | Social Security # |
|--------------|---------------|----------------|-------------------|
| _____        | _____         | _____          | _____             |
| _____        | _____         | _____          | _____             |
| _____        | _____         | _____          | _____             |
| _____        | _____         | _____          | _____             |

**RESIDENCE OF CHILDREN**  
**(LIST ALL INFORMATION FOR LAST 5 YEARS):**

| Dates of Residence | Address | Person child lived with | Relationship to child |
|--------------------|---------|-------------------------|-----------------------|
| _____              | _____   | _____                   | _____                 |
| _____              | _____   | _____                   | _____                 |
| _____              | _____   | _____                   | _____                 |
| _____              | _____   | _____                   | _____                 |

**COURT INFORMATION:** (If applicable)

List upcoming Court dates: \_\_\_\_\_

List County of Court: \_\_\_\_\_

List upcoming filing deadlines: \_\_\_\_\_

List urgent problems: \_\_\_\_\_

Have you filed a complaint, petition, motion or any other document related to this issue? Yes/No, List: \_\_\_\_\_

Has the Other Party filed a complaint, petition, motion or any other document related to this issue? Yes/No List: \_\_\_\_\_

Were you served with papers? Yes/No When? \_\_\_\_\_

Have you served Other Party with papers? Yes/No When? \_\_\_\_\_

Have you or anyone associated with this case been the subject of a: (circle any applicable)

- |   |  |   |
|---|--|---|
| 1 | a) Protective Order                        | g) Welfare or Aid to Families with Dependent Children |
| 2 | b) Restraining Order                       | h) Termination of Parental Rights                     |
| 3 | c) Child Protective Services Investigation | i) Personal Injury Lawsuits                           |
| 4 | d) Mental Health Professional Treatment    | j) Other Health or Physical Impairments               |
| 5 | e) Questionable Paternity Status           | h) Criminal Convictions                               |
| 6 | f) Substance Abuse Treatment               |   |

If any circled, please explain:

---



---



---

**PLEASE CLASSIFY YOUR URGENCY IN CONCLUDING THIS MATTER:** (check one)

- Critical** – Personal safety or continuation of business depends on it; I have to be in court tomorrow.
- Very Important** – Severe hardship, personal or financial inconvenience if matter is not resolved quickly.
- Important** – Matter interferes with business or personal financial stability.
- Needs to be done, but no immediate hardship or rush.
- Just thought I'd see if it was worth pursuing, but not ready to hire an attorney at this time.
- Just thought I'd see if it was worth pursuing and I am ready to hire an attorney.
- Just want to know my rights, I will get back to you if I decide to pursue this.

**SOCIAL MEDIA:**

Do you use social media? Please check the following for each that you use:

- Facebook
- Myspace
- Twitter
- LinkedIn
- Tagged
- Other \_\_\_\_\_

**OTHER:**

Please list your 3 **main** concerns or questions regarding this issue:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What are your expectations for the outcome of this matter? \_\_\_\_\_  
\_\_\_\_\_

Have you contacted any other attorneys concerning this matter? \_\_\_\_\_  
If yes, what are the attorney's names? \_\_\_\_\_

What was the result of your contact with the other attorneys, if you did not hire them, why not? \_\_\_\_\_  
\_\_\_\_\_

What else would you like to tell us? \_\_\_\_\_  
\_\_\_\_\_

**ATTORNEY FEES/COURT COSTS:**

How will attorney fees be paid? \_\_\_\_\_

Who will be responsible for Court costs? (Client, Spouse, Relative, Other) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR LAW OFFICE?:**

- Referred by: \_\_\_\_\_
- Internet, Website (which website if you recall): \_\_\_\_\_
- Other: \_\_\_\_\_

**PLEASE ACKNOWLEDGE EACH OF THE FOLLOWING IMPORTANT STATEMENTS & SIGN BELOW:**

- I have completed this form as fully and accurately as possible and have not knowingly provided any false statements.
- I understand that to make the most out of my session, I must return this form at least 48 hours before my appointment.
- I understand that my initial consultation or strategy session fee is due prior, to the start of the office session; if my session is conducted by phone, the fee must be received within 48 hours of my appointment or the appointment will automatically be cancelled.
- I understand that there are legal deadlines for filing and answering claims, and that The Law Office of Tonya N. Gibbs, PLC, does not agree to advise me of those deadlines based on the information in this Intake Form, and that The Law Office of Tonya N. Gibbs, PLC, does not agree to do anything on my behalf at this time.
- I understand that this form is for informational and assessment purposes only, is not a contract for legal services and does not constitute an agreement to represent me. Representation, if so desired, shall be provided upon the execution of a formal written client agreement and payment of a deposit or fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date