

# CHILD SUPPORT INFORMATION SHEET

LOCATION OF APPOINTMENT:  Peoria  Morton  Telephone  Other DATE: \_\_\_\_\_

## How did you hear about us?

Radio  Printed Ad  Facebook  Referral from a former client: \_\_\_\_\_  
 Referral from an attorney: \_\_\_\_\_  Referral from a friend \_\_\_\_\_  
 Google Search  I am a previous client  Other (please explain) \_\_\_\_\_

## CLIENT

Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Maiden) \_\_\_\_\_

Address - Street \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Years of Schooling \_\_\_\_\_ Degrees, Certificates, etc. \_\_\_\_\_ Length of Residence in Illinois \_\_\_\_\_

Number of Previous Marriages \_\_\_\_\_ How Each Ended (divorce, death, etc.) \_\_\_\_\_

## Client Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Client Email: \_\_\_\_\_

**(For Office Use Only): Full Conflict Check Completed By:**

## OTHER PARENT OF CHILD/CHILDREN

Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Maiden) \_\_\_\_\_

Address - Street \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ License Plate No. \_\_\_\_\_

Years of Schooling \_\_\_\_\_ Degrees, Certificates, etc. \_\_\_\_\_ Length of Residence in Illinois \_\_\_\_\_

Number of Previous Marriages \_\_\_\_\_ How Each Ended (divorce, death, etc.) \_\_\_\_\_

\_\_\_\_\_  
Date of former Marriage    Place (City)                                  (County)                                  (State)

\_\_\_\_\_  
Date of Divorce                                  Number of Living Children                  Number of Living Children Under Age 18

**CHILDREN**

	<u>FULL NAME</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>SOCIAL SECURITY NO.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**YOUR CURRENT SPOUSE/SIGNIFICANT OTHER**

\_\_\_\_\_  
Name - First                                  Middle                                  Last                                  (Maiden)

\_\_\_\_\_  
Address - Street                                  County                                  City                                  State                                  Zip

\_\_\_\_\_  
Date of Birth                                  State of Birth                                  Age                                  Social Security No.                                  Driver's License No.

\_\_\_\_\_  
Height                                  Weight                                  Race                                  Hair Color                                  Eye Color                                  License Plate No.

\_\_\_\_\_  
Years of Schooling                                  Degrees, Certificates, etc.                                  Length of Residence in Illinois

\_\_\_\_\_  
Number of Previous Marriages                  How Each Ended (divorce, death, etc.)

**EMPLOYMENT INFORMATION**

Employer	Address	
Position	Length of Employment	
Gross Earnings per Pay Period	Net Earnings per Pay Period	Frequency of pay period
Bonuses, Profit Sharing, etc.	Frequency of Award	

**OTHER PARENT'S EMPLOYMENT INFORMATION**

Employer	Address	
Position	Length of Employment	
Gross Earnings per Pay Period	Net Earnings per Pay Period	Frequency of pay period
Bonuses, Profit Sharing, etc.	Frequency of Award	

**RELATED QUESTIONS:**

A. Are you currently receiving parenting time? \_\_\_\_\_

\_\_\_\_\_

If Yes, please list details

B. Is the other parent receiving parenting time? \_\_\_\_\_

\_\_\_\_\_

If Yes, please list details

C. Are you currently receiving or paying child support?

Receive payments from whom?	Amount	Frequency
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Make payments to whom?	Amount	Frequency
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D. Are you currently receiving or paying maintenance?

Receive payments from whom?	Amount	Frequency
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Make payments to whom?	Amount	Frequency
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E. Have there been any Court Orders regarding child support? \_\_\_\_\_

If Yes, when and how much ordered?

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Other Details: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Other Details: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Other Details: \_\_\_\_\_

F. What is the state of your health? \_\_\_\_\_

G. Current Parenting Time Problems: \_\_\_\_\_

H. Other Issues: \_\_\_\_\_

**FOR OFFICE USE**

ISSUES TO BE  
ADDRESSED:

DOCUMENTS TO  
DRAFT: