

**DOMESTIC CLIENT QUESTIONNAIRE-POTENTIAL CHILD SUPPORT
MODIFICATION CASE**

**FOR IDENTIFICATION PURPOSES WE REQUIRE A COPY OF YOUR DRIVERS LICENSE OR
PHOTO ID FOR YOUR FILE**

Today's Date: _____

Referred By: _____

Opposing Counsel, if any: _____

Your full name _____
(First, middle, last name)

Mailing Address: _____

(Town, state, zip code)

Phone Number: _____
Home Work Cell Voicemail? Yes No
Text Msg? Yes No

Fax Email address

Drivers License #: _____ State: _____

Social Security #: _____ Date of Birth: _____

PREFERRED METHOD OF COMMUNICATION (circle one): US MAIL EMAIL

Your Place of Employment / Address: _____

Your relationship to the children: _____

How much are you currently paying in child support and how often? _____

Name of whom your child support payments go to: _____

Are you currently behind on your child support payments? YES NO

Do you currently have court date for this matter here in Brunswick County? YES NO

If the answer to the above question is YES, what is the scheduled court date? _____

Full Name of Children's Other Biological Parent: _____

Mailing address of other biological parent: _____

Children's Full Names: Date/s of Birth: Where & with whom is each child residing at this time?

Date of Separation: _____ Divorce complete? YES NO

Date divorce completed and location (county & state): _____

Is there a current child support order in effect for the children? YES NO

If your answer to the above question is YES, did you bring a copy of the order with you today?

YES NO

If your answer to the above question is NO, what county and state was the order issued in?

Name of all attorneys involved in prior or current court proceeding, if any:

Current matters that need to be addressed in this new proceeding or issues requiring this new court action:

List all addresses where the children have resided and the persons with whom they have resided during the last five (5) years:

Please state your current earnings and the current earnings of the other parent responsible for the children:

Your Employer Name:	Telephone Number:
Rate of Pay:	Weekly, Monthly, Every Two Weeks?

Other parent's Employer Name:	Telephone Number:
Rate of Pay:	Weekly, Monthly, Every Two Weeks?

Please list other information that might be pertinent to with your case(i.e.: visitation, child support, medical insurance, dental insurance, post-separation support or alimony):
