

INITIAL CLIENT INTAKE SHEET
MODIFICATION

<p>CLIENT FULL NAME:</p> <p>___Petitioner ___ Respondent (in original case)</p> <p>Address:</p> <p>County:</p> <p>Length at Address:</p> <p>Mailing Address: <input type="checkbox"/> Same as above</p> <p>Length of Residence in State:</p> <p>Length of Residence in County:</p> <p><u>Telephone</u></p> <p>HOME:</p> <p>WORK:</p> <p>CELL:</p> <p>FAX:</p> <p>PAGER:</p> <p>E-MAIL:</p>	<p>SSN:</p> <p>DOB:</p> <p><u>Place of Birth</u></p> <p>City:</p> <p>State:</p> <p>County:</p> <p>Occupation:</p> <p>Employer:</p> <p><u>Income</u></p> <p>Hourly ___ Rate Per Hour: _____ No. Hours/Wk ___</p> <p>Salary ___ Monthly Salary _____</p> <p>Second Occupation:</p> <p>Second Employer Name:</p> <p><u>Second Income</u></p> <p>Hourly ___ Rate Per Hour: _____ No. Hours/Wk ___</p> <p>Salary ___ Monthly Salary _____</p> <p>Government Support:</p> <p><u>Education Years Completed</u></p> <p>HIGH SCHOOL:</p> <p>COLLEGE:</p> <p>POST GRADUATE STUDY:</p> <p>Race:</p>
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<p>EX SPOUSE FULL NAME:</p> <p>___Petitioner ___ Respondent (in original case)</p> <p>Address:</p> <p>County:</p> <p>Length at Address:</p>	<p>SSN:</p> <p>DOB:</p> <p><u>Place of Birth</u></p> <p>City:</p> <p>State:</p> <p>County:</p>
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Mailing Address: Same as above

Occupation:

Employer:

Income

Hourly ____ Rate Per Hour: ____ No. Hours/Wk ____

Salary ____ Monthly Salary _____

Length of Residence in State:

Second Occupation:

Second Employer:

Second Income

Hourly ____ Rate Per Hour: ____ No. Hours/Wk ____

Salary ____ Monthly Salary _____

Length of Residence in County:

Government Support:

Telephone

HOME:

WORK:

CELL:

FAX:

PAGER:

E-MAIL:

Education Years Completed

HIGH SCHOOL:

COLLEGE:

POST GRADUATE STUDY:

Race:

DATE OF PREVIOUS ORDER:

STATE OF PREVIOUS ORDER:

COUNTY OF PREVIOUS ORDER:

TITLE OF PREVIOUS ORDER:

ORIGINAL CASE NUMBER:

Client's gross income date of last order:

Party originally ordered to pay child support:
____Petitioner ____ Respondent

Amount of the previous order of child support:

Party originally awarded custody:
____Petitioner ____ Respondent

Party originally awarded visitation:
____Petitioner ____ Respondent

Party originally ordered to pay maintenance:
____Petitioner ____ Respondent

Amount of the previous order of maintenance:

Former Spouse's gross income date of last order:

CHILDREN(S) NAME(S) - DATE OF BIRTH & SSN:	CITY, COUNTY AND STATE OF BIRTH	CHILD CURRENTLY RESIDING WITH:

What is being modified?

___ Child Support ___ Custody

___ Visitation ___ Maintenance

Grounds for Modification:

Health insurance: provided by client or former spouse?

Number of children of client not involved in this action:

a. Amount of child support received:

Number of children of former spouse not involved in this action:

UCCJEA REQUIREMENT

For each child, list the places the child has resided during the last five years, and name and addresses of the persons with whom the child has lived during such periods.

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>	<u>WITH WHOM</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATEMENT OF INCOME AND EXPENSES OF

SSN: _____

I. INCOME

A.

Employer

Address:

___ Check if unemployed

PAID: (check one)

___ Hourly

Wage rate per hour: _____

Average hours per week: _____

Average monthly wages: \$_____

___ Salary

Average Monthly Salary: \$_____

Gross Salary/Wages and Commission \$_____

Each Pay Period:

Average Monthly Wages:

Paid: ___ Weekly ___ Bi-Weekly

___ Semi-Monthly ___ Monthly

Number of Dependents Claimed:

Number of Exemptions Claimed:

PAYROLL DEDUCTIONS:

FICA (Social Security Tax)	\$ _____
Federal Withholding Tax	\$ _____
State Withholding Tax	\$ _____
Medicare	\$ _____
Union Dues	\$ _____
Health Insurance	\$ _____
OTHER DEDUCTIONS:	
	\$ _____
TOTAL DEDUCTIONS EACH PAY PERIOD	\$ _____
NET TAKE HOME PAY EACH PAY PERIOD	\$ _____

B. ADDITIONAL INCOME from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, Commissions and all other sources (give monthly average and list sources of income)

Bonuses	\$ _____
Draw	\$ _____
Pension/Retirement	\$ _____
Annuity	\$ _____
Interest Income	\$ _____
Dividend Income	\$ _____
Trust Income	\$ _____
Social Security	\$ _____
Overtime/Commission	\$ _____
Workers Compensation	\$ _____
Public Aid/Food Stamps	\$ _____
Rental Income	\$ _____
Business Income	\$ _____
Royalty	\$ _____
Fellowship/Stipends	\$ _____
Unemployment	\$ _____
Disability Payments	\$ _____
Other Income	\$ _____
Child Support received for children not of this proceeding	\$ _____
Maintenance received from third party	\$ _____

AVERAGE MONTHLY TOTAL \$ _____

C. TOTAL AVERAGE NET MONTHLY INCOME \$ _____

D. Total gross income from tax returns for each of the last 3 calendar years:

YEAR: _____ \$ _____
 YEAR: _____ \$ _____
 YEAR: _____ \$ _____

II. EXPENSES required to maintain the previous standard of living stated on a MONTHLY average

HOMEOWNERS EXPENSES

Rent	\$ _____
Mortgage	\$ _____
Second Mortgage	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Lot Rent	\$ _____
Association Fees	\$ _____
Maintenance of Home	\$ _____
Lawn Service	\$ _____
Pest Control	\$ _____
Veterinarian and General Pet Care	\$ _____

TOTAL HOME EXPENSES \$ _____

UTILITIES

Natural Gas	\$ _____
Water	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Trash Service	\$ _____
Cable/Satellite	\$ _____
Sewer	\$ _____
Cellular Phone/Pager	\$ _____
Internet Provider	\$ _____

TOTAL UTILITIES EXPENSES \$ _____

CLEANING AND LAUNDRY

Housekeeper	\$ _____
Laundry	\$ _____
Dry Cleaning	\$ _____
Cleaning Products	\$ _____
	\$ _____
	\$ _____

TOTAL CLEANING AND LAUNDRY \$ _____

MEDICAL EXPENSES

General Care	\$ _____
Dental Care	\$ _____
Health Insurance	\$ _____
Prescription Drugs	\$ _____
Over the Counter Drugs	\$ _____

Eye Care \$ _____
Mental Health Care \$ _____
\$ _____
\$ _____

TOTAL MEDICAL EXPENSES \$ _____

PERSONAL HYGIENE & BEAUTY

Hair Cuts/Perm \$ _____
Manicures \$ _____
Pedicures \$ _____
Massage \$ _____
Personal Products \$ _____
\$ _____
\$ _____

TOTAL PERSONAL HYGIENE & BEAUTY EXPENSES \$ _____

AUTOMOBILE AND TRANSPORTATION

Loan Payment \$ _____
Gasoline \$ _____
Routine Maintenance \$ _____
Personal Property Tax \$ _____
Auto Insurance \$ _____
License Inspection \$ _____
Parking Fees \$ _____
Toll Fees \$ _____
Taxi Fees \$ _____
Subway Fees \$ _____
\$ _____
\$ _____

TOTAL AUTOMOBILE EXPENSES \$ _____

GENERAL LIVING

Food \$ _____
Clothing \$ _____
Household Furnishings \$ _____
Linen, Towels, etc. \$ _____
Life Insurance \$ _____
\$ _____
\$ _____

TOTAL GENERAL LIVING EXPENSES \$ _____

BOOKS, NEWSPAPERS, PERIODICALS

Newspaper \$ _____
Magazines \$ _____
Books \$ _____
Periodicals \$ _____

Tuition Fees \$ _____
Seminars \$ _____
\$ _____
\$ _____

TOTAL BOOKS , \$ _____
NEWSPAPERS & PERIODICAL
EXPENSES

RECREATION, FITNESS, ENTERTAINMENT

Movies \$ _____
Videos \$ _____
Music \$ _____
Sporting Events \$ _____
League Fees \$ _____
Club Membership \$ _____
Vacation/Travel \$ _____
Dining Out \$ _____
Sports Equipment/Apparel \$ _____
\$ _____
\$ _____

TOTAL RECREATION, \$ _____
FITNESS, ENTERTAINMENT
EXPENSES

CHARITABLE CONTRIBUTIONS

Organizations \$ _____
Schools \$ _____
Personal \$ _____
Church \$ _____
United Way \$ _____
\$ _____
\$ _____

TOTAL CHARITABLE \$ _____
CONTRIBUTIONS EXPENSES

SPECIAL OCCASION EXPENSES

Birthdays \$ _____
Weddings, Showers & Gifts \$ _____
Christmas \$ _____
Child Care \$ _____
\$ _____
\$ _____

TOTAL SPECIAL OCCASION \$ _____
EXPENSES

CREDIT CARDS & OTHER INSTALLMENTS

American Express \$ _____
VISA \$ _____
Mastercard \$ _____

Discover Card \$ _____
Other Bank Cards \$ _____
Store Credit Cards \$ _____
\$ _____
\$ _____

TOTAL CREDIT CARD & OTHER INSTALLMENT EXPENSES \$ _____

CHILD SUPPORT PAID BY CLIENT FOR CHILDREN NOT INVOLVED IN THIS PROCEEDING: \$ _____

ALIMONY OR MAINTENANCE PAID TO FORMER SPOUSE: \$ _____

OTHER MISC EXPENSES

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL OTHER MISC. EXPENSES \$ _____

OTHER EXPENSES

Disability Insurance \$ _____
Dental Insurance \$ _____
Vision Insurance \$ _____
\$ _____
\$ _____

TOTAL OTHER EXPENSES \$ _____

MINOR AND/OR DEPENDENT CHILDREN:

Health Insurance \$ _____
Medical Including Co-Pay \$ _____
Dental \$ _____
Vision \$ _____
Psychological \$ _____
Other Health \$ _____
Educational \$ _____
Childcare \$ _____
Extraordinary Expenses \$ _____
Food \$ _____
Clothing \$ _____

TOTAL CHILDREN'S EXPENSES \$ _____

OTHER CHILDREN'S EXPENSES

Prescription Drugs \$ _____
Recreation \$ _____
Laundry and Dry Cleaning \$ _____
Barber and Beauty Shop \$ _____
School Lunches \$ _____
Lessons \$ _____
\$ _____
\$ _____

TOTAL OTHER CHILDREN'S EXPENSES \$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____