

CLIENT INTAKE FORM - CUSTODY/TIMESHARING/CHILD SUPPORT

Date: _____

File No.: _____

Last Name

First Name

Middle initial

Mailing Address: _____

Street number & name, City, State, ZIP

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Email Address: _____

Employer (Name & Address): _____

Employer Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Who May We Contact if we cannot contact you? _____

First Name

Last Name

Phone Number: _____

Relationship: _____

Opposing Party's Information:

Last Name

First Name

Middle initial

Mailing Address: _____

Street number & name, City, State, ZIP

How long in New Mexico: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Name of Employer: _____

DOB: _____ Social Security No.: _____

Is the opposing party represented by counsel? If so, who: _____

Has the opposing filed a Petition/Motion? _____ If so, when: _____

Reason for Consultation:

REASON FOR SELECTING THIS FIRM:

REFERRED BY: _____ YELLOW PAGES _____

INTERNET: _____ OTHER _____

CHILDREN INFORMATION:

How many children from this relationship? _____

Name: _____ DOB: _____ SSN: _____ M F

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Name: _____ DOB: _____ SSN: _____ M F

Where is/are the child(ren) residing? _____

List all addresses where your child(ren) has/have lived for the past three years:

Dates	With Whom the Children Lived	Address (street, city, state)

Do you want the opposing party to have joint legal custody?

(Understand that pursuant to NM law, the Court will require each party to have Joint Custody unless one party is unfit or has abused or abandoned the child): Yes _____ No _____

Do you want the opposing to have visitation? Yes _____ No _____

If no, do you want the opposing party to have supervised visitation? Please briefly state why (Please understand that bad parenting that you disagree with is different than dangerous parenting) _____

Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give your reasons why and the specific times you wish to have visitation/custody (i.e. birthdays): _____

Please list your children's present:

Religion: _____

Doctor (name and address): _____

Dentist (name and address): _____

Other Medical (name and address): _____

School(s) (name and address): _____

Child Care Provider(s) (names and addresses): _____

Child's Recreational Activities: _____

OTHER INFORMATION:

Were you ever married to the opposing party? ___ If yes, date of divorce: _____

Is there a current order in place? _____ Please provide a copy of the order

Has paternity been established? _____

Is child support currently being paid? _____ By Whom? _____ How much each month? _____

Is the opposing currently behind in child support? _____ By how much? _____

Do you have a case with CHILD SUPPORT ENFORCEMENT DIVISION? _____

Who carries medical/dental insurance on child(ren)? _____

Monthly expense: _____

Are there childcare expenses? If so, how much? _____

Who pays: _____

Gross monthly wages for him: _____ Gross monthly wages for her: _____

DO NOT FILL ANYTHING OUT BELOW THIS LINE - THANK YOU

(Office Use Only)

FEE ARRANGEMENT

\$ _____ Retainer (FEE QUOTED)

\$ 300.00 Hourly \$ 125.00 /hour Legal Assistant Time

Petition/Response: _____

Motion for Interim Relief: _____

Interim Custody: _____

Interim Child Support: _____