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CHILD SUPPORT INTAKE FORM

Date: _____

Please complete this questionnaire as completely and accurately as you can. Where appropriate, provide documents, receipts and other supporting information separately. **All information that you provide will be held in strict confidence.**

1. Personal Information:

- a. Name: _____
- b. Date of Birth: _____
- c. Place of Birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____ State: _____
- f. Email address(es): _____
- g. May we communicate with you via email? _____
- h. How do you prefer that we communicate with you? _____

2. Where are you living now?

- a. Address: _____
- b. City, State, Zip: _____
- c. May we send mail to you at this address? _____

3. What are your telephone numbers?

- a. Home: () -
- b. Cell: () -
- c. Work: () - ext

d. Which number do you prefer that we contact you? _____

4. Please complete the following concerning your employment.

a. Name of Employer: _____

b. Length of Employment: _____

c. Job Title: _____

d. Street Address: _____

e. City, State & Zip: _____

f. Telephone Number: _____

g. Gross salary (monthly/annually): \$ _____/per _____

IMPORTANT: Please provide your last 3 paystubs, most recent W-2 and tax return.

5. Describe your education (schools attended, dates attended, degrees obtained):

6. Please complete the following information for the co-parent.

a. Name: _____

b. Date of birth: _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number: _____ State _____

f. Address: _____

g. City, State & Zip: _____

h. Residence telephone number: _____

7. Complete the following concerning your co-parent's employment.

a. Name of Employer: _____

b. Job Title: _____

c. Street Address: _____

- d. City, State & Zip: _____
- e. Telephone number: _____
- f. Co-parent's gross salary (monthly/annually): \$_____ per _____
- g. Length of co-parent's employment: _____

8. If married, please complete information regarding your marriage.

- a. Date: _____
- b. City, State: _____
- c. Religious or Civil Ceremony? _____

9. Please complete the following information for each child of this marriage or relationship.

- a. NAME: _____
SEX: _____
BIRTHDATE: _____
BIRTHPLACE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

- b. NAME: _____
SEX: _____
BIRTHDATE: _____
BIRTHPLACE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

- c. NAME: _____
SEX: _____
BIRTHDATE: _____
BIRTHPLACE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

d. NAME: _____
SEX: _____
BIRTHDATE: _____
BIRTHPLACE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

10. Where are the children living at this time? _____

How were you referred to this office?

If an individual referred you, please provide their name, address and telephone number so we can thank them:

If you found us via the Internet, which search engine or directory did you use? (Google, Yahoo, Yahoo Yellow Pages, AOL Yellow Pages, FindLaw, etc.):

What search terms did you use to locate our website? _____

Is there anything else that you would like to discuss or that you believe we should know about you or your case?

