CHILD SUPPORT
CLIENT INTAKE QUESTIONNAIRE:

CONFIDENTIAL. Child support in most states is generally calculated with a statewide guideline formula based mainly on each parent's income and the percentage of time each parent has the children, plus certain add-on expenses such as child care and uninsured medical costs. Please answer as completely and accurately as you can. Support you report is later confirmed under penalty of perjury on an Income and Expense Declaration. If a question does not apply, write "N/A." If unknown, write "Unknown." Attach additional pages if needed.

NAME OF THE CLIENT:

[__] Full Legal Name: _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

Is it safe to contact you at the phone and email listed below? [__] Yes [__] No

Safe contact method / times: _____

PART 1 — YOUR GOAL

1.1 Your role:

[__] I receive / would receive support [__] I pay / would pay support

[__] Not sure

1.2 What are you seeking? (check all that apply):

[__] Establish a child support order for the first time → Parts 2–7

[__] Enforce an existing order / collect unpaid support → Parts 2–7 and Part 8

[__] Modify an existing order (increase or decrease) → Parts 2–7 and Part 9

[__] Respond to papers filed by the other party or the child support agency

[__] Stop / terminate support (child emancipated, custody changed)

[__] Dispute the amount of arrears (past-due support) claimed

[__] Not sure — need advice

1.3 In your own words, what is happening and what outcome do you want? _____

_____

_____

PART 2 — CASE INFORMATION

2.1 Is there a current family law, custody, or support case? [__] Yes [__] No

If yes — Court / County / State: _____

Case Number: _____ Date Filed: _____

Who filed?

[__] Me [__] The other party [__] Child support agency

Next hearing date: _____

2.2 Is there an existing child support order? [__] Yes [__] No

If yes — Amount: $ _____ per _____ Date of order: _____

Court / county that issued it: _____

2.3 Is the local child support agency (e.g., DCSS) involved? [__] Yes [__] No

If yes — agency case number and caseworker: _____

2.4 Has any court in another state or country made support orders? [__] Yes [__] No

If yes, explain: _____

_____

2.5 Has the other party hired a lawyer? [__] Yes [__] No

If yes — Name / Firm / Phone: _____

PART 3 — THE PARTIES

3A You:

Last Name: _____ First: _____ Middle: _____

Other names used: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

3B Other Parent:

Last Name: _____ First: _____ Middle: _____

Other names used: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Other parent's employer (if known): _____

3.1 Your relationship with the other parent:

[__] Married [__] Registered Domestic Partners

[__] Divorced / Separated [__] Never married

3.2 If never married, how was parentage established?

[__] Married at birth [__] Voluntary Declaration of Parentage

[__] Court judgment of parentage [__] Not established / disputed

3.3 Other Children Either Parent Supports (from other relationships):

Child's Name	Age	Whose Child?	Lives With	Support Paid / Received $

PART 4 — THE CHILDREN IN THIS CASE

Child's Full Name	Date of Birth	Lives Primarily With	In High School?	Special Needs?

Support generally continues until a child turns 18, or until 19 if the child is still a full-time high school student, unmarried, and living with a parent.

4.1 Who provides the children's health insurance?

[__] Me [__] Other parent [__] Both

[__] Medi-Cal / public program [__] None

Monthly cost of the children's portion of health insurance: $ _____

PART 5 — PARENTING TIME (TIMESHARE)

The percentage of time each parent has the children is a major factor in the support calculation.

5.1 Is there a custody / visitation order? [__] Yes [__] No

If yes — date and summary: _____

5.2 Describe the ACTUAL current schedule (weekdays, weekends, overnights, holidays, summer): _____

_____

_____

5.3 Approximate overnights per year with you: _____ With other parent: _____

5.4 Your estimated timeshare percentage, if known (%): _____

5.5 Does the other parent regularly miss scheduled time? [__] Yes [__] No

If yes, explain: _____

_____

PART 6 — INCOME

6A Your Income:

Employer: _____ Job Title: _____

Employer Address / Phone: _____

Time employed: _____ Hours per week: _____ Pay frequency: _____

Gross Monthly Income (before taxes)	Monthly Amount $
Salary / wages	
Overtime, commissions, bonuses, tips	
Self-employment / business (net)	
Rental income (net)	
Unemployment / disability / workers' comp	
Social Security / pension	
Investment income (interest, dividends)	
Other:	

Tax filing status: _____ Number of dependents claimed: _____

Monthly Deductions	Monthly Amount $
Health insurance premiums (for self and children)	
Mandatory union dues	
Mandatory retirement contributions	
Child / spousal support paid for other relationships	

Has your income changed in the past 12 months, or is it expected to? [__] Yes [__] No

If yes, explain: _____

_____

6B Other Parent's Income (to the best of your knowledge):

Employer: _____ Job Title: _____

Employer Address / Phone: _____

Time employed: _____ Hours per week: _____ Pay frequency: _____

Gross Monthly Income (before taxes)	Monthly Amount $
Salary / wages	
Overtime, commissions, bonuses, tips	
Self-employment / business (net)	
Rental income (net)	
Unemployment / disability / workers' comp	
Social Security / pension	
Investment income (interest, dividends)	
Other:	

Tax filing status: _____ Number of dependents claimed: _____

Monthly Deductions	Monthly Amount $
Health insurance premiums (for self and children)	
Mandatory union dues	
Mandatory retirement contributions	
Child / spousal support paid for other relationships	

Has the other parent's income changed in the past 12 months, or is it expected to? [__] Yes [__] No

If yes, explain: _____

_____

6.1 Is either parent unemployed or underemployed by choice? [__] Yes [__] No

If yes, explain: _____

_____

A court may base support on a parent's ability to earn (earning capacity) rather than actual income in some circumstances.

6.2 Is either parent self-employed, paid in cash, or receiving perks? [__] Yes [__] No

If yes, explain: _____

_____

6.3 Do you have evidence of the other parent's income (pay stubs, tax returns, posts)? [__] Yes [__] No

If yes, explain: _____

_____

PART 7 — ADD-ON EXPENSES FOR THE CHILDREN

Expense	Monthly Amount $	Who Pays Now?
Child care needed for work or job training		
Uninsured medical, dental, vision, counseling		
Special educational or other needs		
Travel costs for visitation		

7.1 Other expenses you believe should be shared (tutoring, extracurriculars, school fees): _____

_____

PART 8 — ENFORCEMENT / UNPAID SUPPORT (if applicable)

8.1 Estimated total past-due support (arrears): $ _____ As of: _____

8.2 Date of last payment: _____ Amount: $ _____

8.3 How has support been paid?

[__] Wage garnishment / earnings assignment [__] Through child support agency

[__] Directly to me [__] Irregular / partial

[__] No payments

8.4 Were any payments made directly or in cash, outside the court or agency? [__] Yes [__] No

If yes, explain: _____

_____

8.5 Do you have a payment ledger or agency payment history? [__] Yes [__] No

8.6 Other parent's assets or income sources that could be used to collect (employer, bank, property, vehicles, business): _____

_____

8.7 Has anything already been done to collect (liens, license suspension, contempt)? [__] Yes [__] No

If yes, explain: _____

_____

8.8 Do you know where the other parent currently lives and works? [__] Yes [__] No

PART 9 — MODIFICATION (if applicable)

An existing order can generally be changed only if circumstances have changed since the last order. A change usually applies back only to the date a request to modify is filed, so it is important to file promptly.

9.1 Current order amount: $ _____ per _____ Date of order: _____

9.2 What has changed since the last order?

[__] Job loss or reduced income [__] Increased income (either parent)

[__] Change in parenting time / custody [__] New child to support

[__] Child's needs have changed [__] Incarceration

[__] Disability / illness [__] Other

9.3 Date the change occurred: _____

9.4 Describe the change and how it affects support: _____

_____

_____

PART 10 — SAFETY

If you are in immediate danger, call 911. National Domestic Violence Hotline: 1-800-799-7233.

10.1 Is there a restraining order or history of domestic violence? [__] Yes [__] No

10.2 Do you need to keep your address confidential from the other party? [__] Yes [__] No

PART 11 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Tax returns (last 2 years)

[__] Pay stubs (last 2 months)

[__] Existing support & custody orders

[__] Child support agency notices

[__] Payment history / ledger

[__] Proof of direct payments

[__] Child care receipts

[__] Uninsured medical bills

[__] Health insurance cost information

[__] Prior Income & Expense Declarations

[__] Evidence of other parent's income

[__] Calendar of actual parenting time

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my child support matter.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.