

CHILD SUPPORT INTAKE FORM

Husband/Father

Full name (including middle): _____

Current residential address: _____

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

Mailing address (if different than physical address above):

How long lived in Texas: _____ How long lived in residential county: _____

Home phone: _____ Cell: _____ Pager: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____ Current Age: _____

Race/Ethnicity: _____

Social Security No.: _____ Driver's License No. (incl State): _____

Current employer: _____

Address: _____

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

Wk. phone number: _____ Wk. fax number: _____

Income: _____

Length of employment with current employer: _____ Job Title: _____

Responsibilities: _____

Education: (Include graduation or GED, college or trade school, degrees or titles obtained): _____

Military: Yes // No, if yes please state rank and number of years: _____

Branch: _____ Ending Rank: _____ No. Of Years: _____

EMERGENCY CONTACTS

In the event we can not contact you please list three emergency contact friends or relatives who may know how to reach you at all times.

Name: _____ Phone : _____ How related: _____

Name: _____ Phone : _____ How related: _____

Name: _____ Phone : _____ How related: _____

CHILD SUPPORT INTAKE FORM

Wife/Mother

Full name (including middle and maiden name): _____

Current residential address: _____

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

Mailing address (if different than physical address above): _____

How long lived in Texas: _____ How long lived in residential county: _____

Home phone: _____ Cell: _____ Pager: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____ Current Age: _____

Race/Ethnicity: _____

Social Security No.: _____ Driver's License No. (incl State): _____

Current employer: _____

Address: _____

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

Wk. phone number: _____ Wk. fax number: _____

Income: _____

Length of employment with current employer: _____ Job Title: _____

Responsibilities: _____

Education: (Include graduation or GED, college or trade school, degrees or titles obtained): _____

Military: Yes // No, if yes please state rank and number of years: _____

Branch: _____ Ending Rank: _____ No. Of Years: _____

EMERGENCY CONTACTS

In the event we cannot contact you please list three emergency contact friends or relatives who may know how to reach you at all times.

Name: _____ Phone: _____ How related: _____

Name: _____ Phone: _____ How related: _____

Name: _____ Phone: _____ How related: _____

CHILD SUPPORT INTAKE FORM

CHILDREN

List all children born or adopted during this marriage under the age of 18 years, including any children born to Wife which are not the natural children of Husband:

Full name (including middle): _____

Current residential address: _____

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

Sex: _____ Date of Birth: _____ Place of Birth: _____ Current Age: _____

Social Security Number: _____ Driver's Lic. No. (Including state): _____

Full name (including middle): _____

Current residential address: _____

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

Sex: _____ Date of Birth: _____ Place of Birth: _____ Current Age: _____

Social Security Number: _____ Driver's Lic. No. (Including state): _____

Full name (including middle): _____

Current residential address: _____

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

Sex: _____ Date of Birth: _____ Place of Birth: _____ Current Age: _____

Social Security Number: _____ Driver's Lic. No. (Including state): _____

Full name (including middle): _____

Current residential address: _____

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

Sex: _____ Date of Birth: _____ Place of Birth: _____ Current Age: _____

Social Security Number: _____ Driver's Lic. No. (Including state): _____

Were children born or adopted during this marriage: Yes No

Is the Wife currently pregnant: Yes No

Do any of these children have mental or long term disability needs as determined by the Social Security Disability Commission? Yes No

Do any of these children own any property other than normal childhood possessions? Yes No

If yes, list: _____

Have any of these children been the subject of court orders for child support, paternity suits, juvenile proceedings, etc. (omit traffic courts) Yes No If yes, list: _____

CHILD SUPPORT INTAKE FORM

Children - Continued

What is the agreement with your spouse regarding custody of these children?

Custody to: Wife Husband Jointly Who is to pay child support? Husband Wife

What is paying spouse's net monthly salary: \$ _____

In what amount and how is child support to be paid: Weekly \$ _____ Monthly \$ _____

(In most cases, the child support for one child will be a minimum of 20 percent of the non-custodial parent's net income. This amount will be ordered paid through a child support office or guardian ad litem program. Generally, the court will order that the child support be withheld from the paying spouse's paycheck.)

Are the children under 18 covered by health insurance: Yes No

If yes, through what plan? _____

If through employment, mother or father? _____ Premium for coverage: _____