

S.A.M. LAW OFFICE LLC

Susan A. Marks, Attorney

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Email completed for to mel@samlaw.info or fax to 847-577-2223

PARENTAGE/CHILD SUPPORT FACT SHEET

Date Completed: _____

Your Information:

Client Name: _____ Age: _____ Date of birth: _____

City and State of birth: _____

Address: _____

Email: _____

How long have you lived in IL?: _____, Since(date): _____

Driver's Lic, No: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax No: _____

SS#: _____ Email address: _____

Employer: _____

Job Title: _____

How long: _____ Salary _____ per hour/week/bi-weekly/ monthly

Annual Income: _____

Other income sources: _____

Have you filed for bankruptcy? _____ If yes, when was your discharge: _____

Disabled?: _____ If yes, what type of disability: _____

Highest level of education completed: _____ Trade: _____

Present Health: _____ Doctors: _____

Treating For: _____

Other Parent:

Name: _____ Age: _____ Date of birth: _____

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City and State of birth: _____

Address: _____

City, State of birth: _____

How long has he/she lived in IL?: _____, Since(date): _____

Driver's Lic, No: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax No: _____

SS#: _____ Email address: _____

Employer: _____

Job Title: _____

How long: _____ Salary _____ per hour/week/bi-weekly/ monthly

Annual Income: _____

Other income sources: _____

Have you filed for bankruptcy? _____ If yes, when was your discharge: _____

Disabled?: _____ If yes, what type of disability: _____

Highest level of education completed: _____ Trade: _____

Present Health: _____ Doctors: _____

Treating For: _____

Does the parent drink alcohol excess regularly?: _____

Does the parent have DUI's?: _____

Does the parent have mental health issues?: Yes [] No [] Explain: _____

Has a parent hit you in front of the children Yes [] No [] Last occurrence: _____

Briefly Describe: _____

Does the parent use illegal drugs regularly?: _____

Use in front of children: Yes [] No []

Criminal Convictions: Yes [] No [] Briefly Describe: _____

Does either party have an order of protection entered by a Court Yes [] No []

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County of Court: _____

Children:

For each child name, age, date of birth, and social security number

Where do the children reside and with whom: _____

Special Health or Educational needs: _____

Have the parties discussed custody?: _____

Is there agreement? Explain: _____

What do you want the custody and visitation to be?: _____

Do the children have health insurance?: Yes [] No []

Who provides: Mother Father Public Aid Other (Circle One)

Relationship:

When did your relationship begin: _____ When did it end: _____

Children Expenses:

Are you currently receiving child support? ____ How much \$ _____ per _____

Are you currently receiving day care costs: Yes [] No []

Are you currently receiving school fees: Yes [] No []

Are you currently receiving extracurricular expenses: Yes [] No []

What else do we need to know about your circumstances?
