



Return completed form to Larry Narum via email (larry@samlaw.info)

## Please Print Clearly and Neatly

## PARENTAGE AND CHILD SUPPORT FACT SHEET

Date Completed:			
Your Information:			
Client Name:		Age:	Date of birth:
City and state of birth: _			
Address:			
City:	State	e:	Zip:
Home Phone:	Work Phone:		Cell Phone:
Email:			
How long have you lived	l in IL?	, Sin	ce(date):
Do you rent or own your	home? Wha	ıt is your mo	nthly payment?
Social Security No:			
Employer:			
Job Title:			
How long:	Salary		_ per hour/week/bi-weekly/ monthly
Pay periods per year: 26	24 1	12	
Annual Income:			
Are you receiving child s	support or maintenance?	? Yes [ ] No [	] If yes, how much?
Are you paying child sup	oport or maintenance?	Yes [] No []	If yes, how much?
Other income sources: _			
Have you filed for bankr	uptcy? If yes, wh	nen was your	discharge:
Have you filed for bankr	uptcy during this divor	ce? Yes [ ] No	·[]
Are you disabled?	If yes, what type of d	isability:	
Highest level of educatio	n completed:	7	Trade:
Health Insurance:		Cost per pa	y period:
Present Health:	Doctor	s:	
Treating For:			



Susan A. Marks, Partner Brandon M. Djonlich, Associate Larry M. Narum, Office Manager

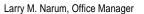
## **Other Parent:**

Parent's Name:		Age:	Date of birth:
City and state of birth:			
Address:			
			Zip:
Home Phone:	Work Phone:		Cell Phone:
Email:			
How long have they lived in	IL?	, Sind	ce (date):
Do they rent or own their hor	ne? For re	enters, what	is their monthly payment?
Social Security No:			
Employer:			
Job Title:			
How long:	Salary		per hour/week/bi-weekly/ monthly
Pay periods per year: 26	_ 24 12		
Annual Income:			
Are they receiving child supp	ort or maintenance?	Yes [] No [	] If yes, how much?
Are they paying child suppor	t or maintenance? Y	es [] No [] I	f yes, how much?
Other income sources:			
Have they filed for bankrupto	cy? If yes, wh	en was their	discharge:
Are they disabled? If	yes, what type of di	sability:	
Their Highest level of educati	on completed:		Гrade:
Health Insurance:		Cost per pay	period:
Their Present Health:	Doc	ctors:	
Treating For:			
Does the parent have mental	health issues? Explai	n:	
Does the parent drink alcohol	excessively or regul	arly?	
Does the parent have DUI's cl	harges or convictions	s?	
Has parent hit you in front of	the children? Yes []	No [] Date a	and description of last occurrence:



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Has any other domestic violence occurred? Yes [] No [] Date and description of last occurrence:
Does the parent have any criminal convictions? Yes [] No [] Date and description of last occurrence
Does either party have an order of protection entered by a Court Yes [] No [] Explain:
Does the parent use illegal drugs regularly?
Use of illegal drugs in front of children? Yes [] No [] Date and description of last occurrence:
Relationship:
When did your relationship begin? When did it end?
Total years together:
Children:
For each child state the full name, age, and date of birth:
Where do the children reside and with whom:
Special health or educational needs:
Have the parties discussed allocation of parental responsibilities (formerly custody)?
Is there agreement? Explain:
What do you want the allocation of parental responsibilities (formerly custody) and parenting time
(formerly visitation) to be?
Do the children have health insurance? Yes [] No []
Who provides health insurance for children? Mother or Father or Public Aid Other (Circle One)





Children Evnences

<u>Children Expenses:</u>
Are you currently receiving or paying child support? Yes [] No []
How much \$ per
Are you currently receiving or paying daycare costs: Yes [] No []
How much \$ per
Are you currently receiving or paying school fees: Yes [] No []
How much \$ per
Are you currently receiving or paying extracurricular expenses: Yes [] No []
How much \$ per
Are you currently receiving or paying uncovered healthcare expenses: Yes [] No []
How much \$ per
Other information we need to know:
What questions do you have for the attorney?
When you return this form please attach any related and appropriate documents including any prior court documents.
How did you hear about SAM LAW OFFICE, LLC?  Yellow Pages Dex Google Lawyers.com Our Website Bing/Yahoo Ads Other (Please describe) Referred by: