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In order for us to help you and save you some money, please take a moment to fill out and return the questionnaire. Please answer questions which apply to your issues. We will review your responses and contact you to set up an appointment.

PRELIMINARY INTAKE

Date: _____ Referred by _____
Name: _____
Street Address (not P.O. Box): _____
Home Phone: _____ Spouse or Partner's Name: _____
Cell Phone/Pager: _____ Spouse or Partner's Employer _____
Work Phone: _____ Spouse or Partner's Work Number: _____
Employer: _____
E-Mail Address (home) _____ E-mail Address(work) _____

When and where were you divorced? _____
What terms of the Court Order or Settlement Agreement do you contend your spouse violated? _

Are there any terms of the Court Order or Settlement Agreement that your Ex-spouse would contend you are violating? If so, what terms? _____

If your Ex-spouse is behind on child support or alimony, specify which and how much they are behind. _____
What reason has your Ex-spouse given you for not complying with the Order? (Eg. Lost job, doesn't think s/he should have to pay, illness, etc) _____

Does your spouse have the ability to rectify the situation? _____
Where does your spouse reside? _____

Are there any children from another relationship for whom either spouse is obligated to pay support for? If so what are their birth dates and how much support is there ordered to be paid?
Where does your spouse work? (Company and Address _____

OFFICE USE ONLY

Advised of Consult Fee: Yes___ No_____ Cost of Consultation_____:

Questionnaire Needed: Removal/Termination _____Non-Termination General Intake_____
EEO and Comp Damages forms_____; Consequential Damages_____:
Referred to Web Page_____Sent /Pickup Date_____:
Appointment Scheduled:

(Following Questionnaire Return)

Date:_____ Time:_____

Disposition_____ Any other Info:_____

Once you have completed the questionnaire, please fax to our office at (404) 636 8711