



**GENERAL PROSPECTIVE SAPCR CLIENT INFORMATION**

Date of Initial Consultation: \_\_\_\_\_ Referred by: \_\_\_\_\_

County of Residence: \_\_\_\_\_ How long have you resided in County? \_\_\_\_\_

**Your Information:**

Name: \_\_\_\_\_

Confidential Mailing Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Confidential Phone Number(s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_ (work) \_\_\_\_\_

Confidential E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

Position/Title: \_\_\_\_\_ How long at position? \_\_\_\_\_

**Other Parent's Information:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

Position/Title: \_\_\_\_\_ How long at position? \_\_\_\_\_

Were you ever married to the parent of the child(ren)? \_\_\_\_\_

Are there any orders in place like a Decree or a prior SAPCR? \_\_\_\_\_

Have you been served with anything? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the hearing date? \_\_\_\_\_

Were you served by a process server or did you receive the documents by hand? \_\_\_\_\_

Did you sign a Waiver of Citation or any other documents? \_\_\_\_\_

Has the other Parent hired an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

If so, who is their attorney? \_\_\_\_\_

**GENERAL PROSPECTIVE SAPCR CLIENT INFORMATION (Continued)**

**What to bring with you to your consultation:**

Recent Tax Return

Any Prior Orders (Divorce Decree or SAPCR)

Financial Statement

Journal of major events

Calendar/Timeline of major events

Any documents that you have been served with

List of questions to ask

**Do NOT bring:**

Children (unless you have discussed this prior to consultation)

**You may bring a friend/sibling/parent with you if you would feel more comfortable.**

**GENERAL PROSPECTIVE SAPCR CLIENT INFORMATION (Continued)**

**CHILDREN**

1. \_\_\_\_\_ AGE: \_\_\_\_\_  
Child is currently living with \_\_\_\_\_  
Child has special needs? \_\_\_\_\_
  
2. \_\_\_\_\_ AGE: \_\_\_\_\_  
Child is currently living with \_\_\_\_\_  
Child has special needs? \_\_\_\_\_
  
3. \_\_\_\_\_ AGE: \_\_\_\_\_  
Child is currently living with \_\_\_\_\_  
Child has special needs? \_\_\_\_\_
  
4. \_\_\_\_\_ AGE: \_\_\_\_\_  
Child is currently living with \_\_\_\_\_  
Child has special needs? \_\_\_\_\_
  
5. \_\_\_\_\_ AGE: \_\_\_\_\_  
Child is currently living with \_\_\_\_\_  
Child has special needs? \_\_\_\_\_

Any stepchildren or children from a prior relationship living in either home?

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Biological Parent's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Biological Parent's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Biological Parent's Name: \_\_\_\_\_

**GENERAL PROSPECTIVE SAPCR CLIENT INFORMATION (Continued)**

Are you remarried and if so, date of current marriage: \_\_\_\_\_ Y N

Is the other parent remarried or involved in a new relationship? Y N

Does the decree or order require mediation or arbitration before filing suit? Y N

Do you have an internet presence (MySpace, Facebook, Match.com, e-harmony, etc.)? Y N

Is or has there been any domestic violence? Y N

Has CPS been involved? Y N

Have you or the other parent, or any other party living in either home been convicted of DWI/DUI or drug possession? Y N

Have you or the other parent, or any other party living in either home ever attended AA, Alanon, Alateen or similar support groups? Y N

Are or have the children been in counseling? Y N

Have you or the other parent been in counseling? Y N

Have you consulted with other attorneys regarding this matter? Y N

Is the other parent aware that you are considering filing for a SAPCR? Y N

Would you describe your relationship with the other parent as amicable? Y N

Are you happy with the support you are getting or paying to support the children? Y N

If no, please explain \_\_\_\_\_

Please describe the changes in circumstances that affect the emotional or physical health of the child(ren) that you feel warrants a modification? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the tone of your communication with the other parent?

\_\_\_\_\_

\_\_\_\_\_

What methods do you currently use to communicate about the child(ren)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED INFORMATION FOR ALL SAPCR CASES**

**Client Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Driver's License Number (State): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

County of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Vehicle Driven (Make/model/year/color): \_\_\_\_\_

Home address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Office address: \_\_\_\_\_

Phone Number(s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Office/Office Fax Numbers: \_\_\_\_\_

**Other Parent's Information: Please bring photo!**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Driver's License Number (State): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

County of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Vehicle Driven (Make/model/year/color): \_\_\_\_\_

Home address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Office address: \_\_\_\_\_

Phone Number(s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Office/Office Fax Numbers: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**REQUIRED INFORMATION FOR ALL CASES (CONTINUED)**

**Children's Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

Children's health insurance is provided by: \_\_\_\_\_  
Name of Health Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Premiums are paid by: \_\_\_\_\_