

CHILDREN:

Please indicate the following for any children born or adopted during the marriage:

Name	Date of Birth	Gender	Currently Lives With

Are you currently employed? Yes No

If yes, please answer the following:

Occupation: _____ Employer: _____

How long have you been employed with this company? _____

Income Range:

- | | |
|---|---|
| <input type="checkbox"/> \$0-50,000/year | <input type="checkbox"/> \$250,001-500,000/year |
| <input type="checkbox"/> \$50,001-100,000/year | <input type="checkbox"/> \$500,001 - \$750,000/year |
| <input type="checkbox"/> \$100,001-250,000/year | <input type="checkbox"/> \$1,000,000 +/year |

Is the Opposing Party currently employed? Yes No

If yes, please answer the following:

Occupation: _____ Employer: _____

How long have they been employed with this company? _____

Income Range:

- | | |
|---|---|
| <input type="checkbox"/> \$0-50,000/year | <input type="checkbox"/> \$250,001-500,000/year |
| <input type="checkbox"/> \$50,001-100,000/year | <input type="checkbox"/> \$500,001 - \$750,000/year |
| <input type="checkbox"/> \$100,001-250,000/year | <input type="checkbox"/> \$1,000,000 +/year |

Please indicate all issues you would like to discuss with the attorney:

- | | |
|---|--|
| <input type="checkbox"/> Modification of time-sharing (custody) | <input type="checkbox"/> Enforcement of child support |
| <input type="checkbox"/> Modification of parenting plan | <input type="checkbox"/> Modification of alimony |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Modification of child support |
| <input type="checkbox"/> Enforcement (non-payment) of alimony | <input type="checkbox"/> Termination of alimony |
| | <input type="checkbox"/> Termination of child support |

Please provide any additional information you feel would be helpful to the attorney during your consultation:
