

**DOMESTIC CLIENT QUESTIONNAIRE-POTENTIAL CHILD SUPPORT
MODIFICATION CASE**

(PLEASE COMPLETE ONLY SECTION I OF THIS FORM PRIOR TO YOUR APPOINTMENT WITH MR. DISBROW)

SECTION I

Today's Date: _____ Referred By: _____

Opposing Counsel, if any: _____

Your full name _____
(First, middle, last name)

Mailing Address: _____

(Town, state, zip code)

Phone Number: _____
Home Work Cell

Fax Email address

Drivers License # / State: _____ Social Security #: _____ Date of Birth: _____

Your Place of Employment / Address: _____

Your relationship to the children: _____

How much are you currently paying in child support and how often? _____

Name of whom your child support payments go to: _____

Are you currently behind on your child support payments? YES NO

Do you currently have court date for this matter here in Brunswick County? YES NO

If the answer to the above question is YES, what is the scheduled court date and time? _____

Full Name of Children's Other Biological Parent: _____

Mailing address of other biological parent: _____

Mailing address of other biological parent: _____

Children's Full Names: _____ Date/s of Birth: _____ Where & with whom is each child residing at this time? _____

Date of Separation: _____ Divorce complete? YES NO

Date divorce completed and location (county & state): _____

Is there a current child support order in effect for the children? YES NO

If your answer to the above question is YES, did you bring a copy of the order with you today?
 YES NO

If your answer to the above question is NO, what county and state was the order issued in?
