

INTERVIEW SHEET (GAL/CHILD REP)

Date: _____

STATISTICS: (This information is necessary for the State Division of Vital Records.)

YOUR NAME: _____ (Atty: _____)

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Home: _____ Work: _____ Fax: _____ Cell: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

OCCUPATION: _____ EMPLOYER: _____

EMPL. ADDRESS: _____

YRS. EMPLOYED: _____ HOURS/WEEK: _____ EARNINGS -- NET: _____ GROSS: _____

BANKRUPTCY: _____ YES _____ NO _____ WHEN

Custody of Kids: Yes/No; Current parenting time:

OPPOSING PARTY'S NAME: _____ (Atty: _____)

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Home: _____ Work: _____ Fax: _____ Cell: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

OCCUPATION: _____ EMPLOYER: _____

EMPL. ADDRESS: _____

YRS. EMPLOYED: _____ HOURS/WEEK: _____ EARNINGS -- NET: _____ GROSS: _____

BANKRUPTCY: _____ YES _____ NO _____ WHEN

Custody of Kids: Yes/No; Current parenting time:

DATE OF DIVORCE OR PARENTING AGREEMENT (IF APPLICABLE): _____

CHILDREN:

NAME: _____ DOB: _____ AGE NOW: _____
NAME: _____ DOB: _____ AGE NOW: _____
NAME: _____ DOB: _____ AGE NOW: _____
NAME: _____ DOB: _____ AGE NOW: _____

ISSUES:

My client is your child(ren). Communications between clients and their attorneys are confidential. Communications between parents and their child(ren)'s attorneys are not confidential. Therefore, our discussions and the information contained in this intake form may be released to the other parent, the other lawyers, or the Court. Please discuss these issues with your attorney.

Please do not bring the child(ren) to Court unless expressly told to do so by the Judge or me. Do not bring children to your appointments with me. I will see the children only at scheduled times and places.

Signature: _____ Date: _____