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RETAINER DATA INFORMATION

RETAINER DATA - MODIFICATION - CHILD SUPPORT SPOUSAL MAINTENANCE
PLEASE CHECK RELEVANT BOX ABOVE - THEN PLEASE PRINT LEGIBLY AND IN BLACK INK

FOR ALL NAMES - PROVIDE LEGAL NAME - FIRST, MIDDLE, LAST + ANY SUFFIX - ie: Jr. or III

Pending Court Case No. _____ Unknown Div. ____ County: _____

CLIENT

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
DL No. _____
DL State Issued _____
DL Expiration Date _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Employer Street _____
Employer PO Box _____
Employer City, State _____
Title - Job Description _____

OPPOSING EX-SPOUSE OP BIRTH PARENT

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
DL No. _____
DL State Issued _____
DL Expiration Date _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Employer Street _____
Employer PO Box _____
Employer City, State _____
Title - Job Description _____

1ST CHILD n/a Male Female

Full Name _____
Birth Date _____
Social Security _____

2ND CHILD n/a Male Female

Full Name _____
Birth Date _____
Social Security _____

3RD CHILD n/a Male Female

Full Name _____
Birth Date _____
Social Security _____

RESIDENTIAL PARENT TO DATE

Father Mother Other

RESIDENTIAL PARENT TO DATE

Father Mother Other

RESIDENTIAL PARENT TO DATE

Father Mother Other

OFFICE USE ONLY - NOT FOR PROSPECTIVE CLIENT SUBMISSION

Charge Card: MasterCard VISA Account No. _____
\$ _____ American Express Discover Expiration Date: _____ PIN: _____

DATE: _____, 20____

PROSPECTIVE CLIENT'S SIGNATURE

PROSPECTIVE CLIENT LAST NAME

CLIENT'S CURRENT SPOUSE

n/a - not currently married

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
DL No. _____
DL State Issued _____
DL Expiration Date _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Employer Street _____
Employer PO Box _____
Employer City, State _____
Title - Job Description _____

OPPOSING PARTY'S CURRENT SPOUSE

n/a - not currently married

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
DL No. _____
DL State Issued _____
DL Expiration Date _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Employer Street _____
Employer PO Box _____
Employer City, State _____
Title - Job Description _____

COURT CASE

Opposing Counsel
Law Firm: _____
Attorney Name _____
Atty Registration No. _____
Address _____
PO Box No. _____
City State Zip _____
Phone (_____) _____
Cell (_____) _____
Fax (_____) _____
Email _____

There has been a significant change in circumstance which is continuing in nature and should cause at least a 10% change in child support Yes No

Obligor - person ordered to pay support
 client opposing ex-spouse / parent

COURT CASE

Existing Support Order Court Case
Court Division _____
Courtroom No. _____
Floor _____
County El Paso Teller _____
Client Status: Petitioner Respondent
Type of Support: Child Support Spousal Maintenance
Support Order Date _____
Amount Ordered \$ _____
First Due Date _____
Periodic Due Dates 1st 15th Last _____
Intervals Due
 monthly weekly bi-weekly semi-monthly
Last support paid \$ _____ Date _____
No Months Delinquent _____ Approx Amt Past Due \$ _____
No Prior Income Assignments _____ Anticipated Procedure
 Income Assignment Garnishment Contempt

PROSPECTIVE CLIENT LAST NAME

EXISTING GUARDIAN AD LITEM n/a

Law Firm: _____
Attorney Name _____
Atty Registration No. _____
Address _____
PO Box No. _____
City State Zip _____
Phone _____
Cell _____
Fax _____
Email _____

FINANCIAL INFORMATION

Real Property Parcel 1

Client Current Spouse
 Opposing Party Current Spouse

Street Address _____

Market Value \$ _____ Estimated Net Equity \$ _____

Legal Description _____

* * * * *

Real Property Parcel 2

Client Current Spouse
 Opposing Party Current Spouse

Street Address _____

Market Value \$ _____ Estimated Net Equity \$ _____

Legal Description _____

* * * * *

Real Property Opposing Party Unknown
 Real Property Opposition Current Spouse Unknown

FINANCIAL INFORMATION

Motor Vehicle Client Current Spouse

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

Motor Vehicle Client Current Spouse

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

Motor Vehicle Client Current Spouse

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

* * * * *

Motor Vehicle Opposing Party Current Spouse

opposing party's motor vehicles unknown

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

Motor Vehicle Opposing Party Current Spouse

opposing party's motor vehicles unknown

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

Motor Vehicle Opposing Party Current Spouse

opposing party's motor vehicles unknown

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

PROSPECTIVE CLIENT LAST NAME

CO-MAKER No. 1

Relation to Client Father Mother Sibling
 Grandparent Friend Other

Full Name _____

Street Address _____

PO Box Address _____

City, State ZIP _____

Date of Birth _____

Social Security _____

DL No. _____

DL State Issued _____

DL Expiration Date _____

Phone - Home _____

Phone - Cell _____

Phone - Message _____

Phone - Work _____

Phone - Fax _____

Email Address _____

Employer Name _____

Employer Street _____

Employer PO Box _____

Employer City, State _____

Title - Job Description _____

CO-MAKER No. 2

Relation to Client Father Mother Sibling
 Grandparent Friend Other

Full Name _____

Street Address _____

PO Box Address _____

City, State ZIP _____

Date of Birth _____

Social Security _____

DL No. _____

DL State Issued _____

DL Expiration Date _____

Phone - Home _____

Phone - Cell _____

Phone - Message _____

Phone - Work _____

Phone - Fax _____

Email Address _____

Employer Name _____

Employer Street _____

Employer PO Box _____

Employer City, State _____

Title - Job Description _____