

WEBSITE  
www.gustafsonlaw.com

TOLL FREE  
(800) 410-1002

PHONE  
(719) 260-1002

FAX  
(719) 260-1003

EMAIL  
rdg@gustafsonlaw.com

**RETAINER DATA INFORMATION**

ENFORCEMENT -  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**

New Case  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 \_\_\_\_\_

**1<sup>ST</sup> CHILD**  n/a  Male  Female

Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security \_\_\_\_\_

**2<sup>ND</sup> CHILD**  n/a  Male  Female

Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security \_\_\_\_\_

**3<sup>RD</sup> 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**

Obligor's whereabouts known  Yes  No  Maybe

Obligor has stable employment  Yes  No  Unknown

Obligor's Bank  None  Unknown  Identified below

\_\_\_\_\_

Obligor - person ordered to pay support

client  opposing ex-spouse / birth parent

Opposing Party's Counsel

Law Firm: \_\_\_\_\_

Attorney Name \_\_\_\_\_

Atty Registration No. \_\_\_\_\_

Address \_\_\_\_\_

PO Box No. \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**EXISTING SUPPORT ORDER COURT CASE**

Court \_\_\_\_\_  District Court

Court Case No. \_\_\_\_\_  Unknown

Location: County \_\_\_\_\_ State \_\_\_\_\_

Client Status:  Petitioner  Respondent

Support Order Date \_\_\_\_\_

Amount Ordered \$ \_\_\_\_\_

First Due Date \_\_\_\_\_

Periodic Due Dates  1st  15th Last  \_\_\_\_\_

Intervals Due

monthly  weekly  bi-weekly  semi-monthly

Support paid within last 12 months  Yes  No

Last support paid \$ \_\_\_\_\_ Date \_\_\_\_\_

No Months Delinquent \_\_\_\_\_ Approx Amt Past Due \$ \_\_\_\_\_

Number of Prior Income Assignments \_\_\_\_\_

**NEW OR PENDING COURT PROCEEDINGS**

Anticipate Opposing Party  consent  court fight

Anticipated Support Enforcement Procedure

Income Assignment  Garnishment  Contempt

Other Issues Which May Be Raised by Either Party

support modification  contempt of court

custody modification  visitation modification

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 \_\_\_\_\_