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| **CLIENT DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | |  | | | | | | | | | | | | | | | | | | | | | Referred By: | | | |  | | | | | | | | | | | | | | | | | | |
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| Type of Case | | | | | | | | |  | | | | | |  | Mod | |  | | Contempt | | | | |  | ChSupp | | | |  | ChCus | | | | | |  | | Al | |  | | Other | | |  |
|  | | | | | | | | |  | | | | | |  |  | |  | |  | | | | |  |  | | | |  |  | | | | | |  | |  | |  | |  | | |  |
| Client: | | | | Plaintiff: | | | | | | |  | | | Defendant: | | | |  | |  | | | | | | | | | | |  | | | | | | | |  | | | |  | | | |
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| Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSN: | |  | | | | | | | | | | | | | | | | | | Age: |  | | | | | | | | Race: | | | | |  | | | | | | | | | | | | |
| Marriage No: | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | City, State, Zip: | | | | | |  | | | | | | | | | | | | | | | | | |
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| Phone: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Cell | | | |  | | | Home | | | | |  | | Work | | |  | |
| Email: | | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | |  | | | | | | | | | | | |
| Employer: | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | |  | | | | | | | | | | | |
| Employer Address/Phone: | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | |
| **VERSUS (Adverse party)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case No: | | | | |  | | | | | | | | | | | | | | | Jud. Dist.: | | | | |  | | | | | | | | County | | | | | |  | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSN: |  | | | | | | | | | | | | | | | | | | | Age: | |  | | | | | | | Race: | | | | |  | | | | | | | | | | | | |
| Marriage No: | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | City, State, Zip: | | | | | |  | | | | | | | | | | | | | | | | | |
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| Phone: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Cell | | | |  | | | Home | | | | |  | | Work | | |  | |
| Employer: | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | |  | | | | | | | | | | | |
| Employer Address/Phone: | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | |
| Wage/Salary | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Compensation: | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | |
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| **Children:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | | | | | Living With | | | | | | Sex | | Date of Birth/Age | | | | | | | | | | | Biological or Step? | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | |  | |  | | | | | | | | | | |  | | | | | | | | |
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| **Jurisdiction:**  (If already divorced) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County to File | | | | | | | | | |  | | | | | | | | | | | | | | | | | DNA TEST NEEDED | | | | | | | | |  | | | | | | | | | | |
| Prior Case# | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| Address last lived together: | | | | | | | | | | | | | | | | | (Circle One) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Certificate Name | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Action Required:

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| Pleadings: | |  | | | | | | | | | | | | | | |
| Waiver |  | Issue Process | | | | | |  | | Other | | |  |  |  | |
| Opposing Counsel | | |  | | | | | | | | | | | | | |
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| Other Action Required: | | | | | | | (name change) | | | | | | | | | |
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| Custody Specification: | | | | | | (any issues list here) | | | | | | | | | | |
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| Child Support Specifications: | | | | | | | | | | | (Is child support ordered) | | | | | |
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| Health Care: | | | | |
| (any changes list here) | | | | | | | | | | | | | | | | |
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| LIST POTENTIAL WITNESSES FOR CASE | | | | | | | | | | | | | | | | |
| Name | | | | How long known | | | | | | | | Relationship | | | | Location |
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Reasons For Seeking Name Change:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Other Parent Consent? \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

List How Child’s Name Should Appear:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child currently listed as an heir to an estate pending in probate court?\_\_\_\_\_(Y)\_\_\_\_(N)