

Duane L. Coker

Attorney at Law

Child Information (Continued)

Name: _____

Sex (M/F) _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____

Current Residence: _____

Current Guardian: _____

Is there a Possible Custody Dispute? _____

Children not in this household

Name _____

Sex (M/F) _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____

Current Residence: _____

Who has Duty of Support? _____

Name _____

Sex (M/F) _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____

Current Residence: _____

Who has Duty of Support? _____

With whom do these children live? _____

Child Support Information

Child Support Payment: Yes No \$ _____ per _____

Child Support Receipt: Yes No \$ _____ per _____

Spouse Child Support Payment: Yes No \$ _____ per _____

Spouse Child Support Receipt: Yes No \$ _____ per _____

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Additional Information

Please provide any additional information you feel is important in the space below.

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It is imperative that you be open and honest in answering the following questions. Any discussion relating to any of these topics between you and your attorney will be protected by the attorney-client privilege. If you fail to be honest in answering these questions, it could be absolutely disastrous to your case. Please answer as fully as possible.

Alleged Information

Will anyone allege that your or your ex-spouse has done any of the following?
Please circle appropriate choices.

Committed a crime		
Been arrested		
Been in jail or prison	You	Ex-Spouse
Been hospitalized for using illegal drugs		
Abused prescription drugs	You	Ex-Spouse
Been hospitalized for prescription drugs		
Abused alcohol	You	Ex-Spouse
Been hospitalized for abusing alcohol		
Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)	You	Ex-Spouse
Engaged in gambling activities (legal or illegal)	You	Ex-Spouse
Engaged in other illegal activities		
Attempted suicide	You	Ex-Spouse
Been hospitalized for an emotional or psychiatric disorder		
Suffered from or received treatment for an emotional or psychiatric condition	You	Ex-Spouse
Abused own spouse	You	Ex-Spouse
Been accused of child abuse		
Had a sexual relationship during the marriage with someone other than the spouse	You	Ex-Spouse
Had a sexual relationship (during or not during) the marriage with someone other than the spouse of which the children were aware	You	Ex-Spouse

Alleged Information (Continued)

Describe the children's relationship and the children's feelings of the person(s) involved in the above-mentioned relationships.

Would anyone allege you or your ex-spouse has drunk to excess? What and how often?

If you or your ex-spouse has a relationship with a person whom the children see frequently and that person would answer *yes* to one or more of the preceding litigation questions, describe the situation.

Do you or your ex-spouse suffer from any physical disability that would interfere with being able to care for the children? Please describe.

Have you or your ex-spouse made any photographs, audio or visual recordings of the other party. If so, describe the content.

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Prior Offense Information

Type of Offense	Date of Offense	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is correct to the best of my knowledge.

Name: _____ Date: _____