

**CLIENT INTAKE FORM - CUSTODY/TIMESHARING/CHILD SUPPORT**

Date: \_\_\_\_\_ File No.: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle initial \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Street number & name \_\_\_\_\_ How long in NM: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer (Name & Address): \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who May We Contact if we cannot get a hold of you? \_\_\_\_\_

First Name Last Name

Phone Number: \_\_\_\_\_

**Opposing Party's Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle initial \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Street number & name \_\_\_\_\_ How long in NM: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Is the opposing party represented by counsel? If so, who: \_\_\_\_\_

Has the opposing filed a Petition/Motion? \_\_\_\_\_ If so, when: \_\_\_\_\_

**Reason for Consultation:** \_\_\_\_\_

**REASON FOR SELECTING THIS FIRM:**

REFERRED BY: \_\_\_\_\_ YELLOW PAGES \_\_\_\_\_

INTERNET: \_\_\_\_\_ OTHER \_\_\_\_\_

CHILDREN INFORMATION:

How many children from this relationship? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ M F

Where is/are the child(ren) residing? \_\_\_\_\_

List all addresses where your child(ren) has/have lived for the past three years:

Dates	With Whom the Children Lived	Address (street, city, state)

Do you want the opposing party to have joint legal custody

(Understand that pursuant to NM law, the Court will require each party to have Joint Custody unless one party is unfit or has abused or abandoned the child): Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want the opposing to have visitation: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, do you want the opposing party to have supervised visitation? Please Briefly State Why? (Please understand that bad parenting that you disagree with is different than dangerous parenting) \_\_\_\_\_

Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give your reasons why and the specific times you wish to have visitation/custody (i.e. birthdays): \_\_\_\_\_

Please list your children's present:

Religion: \_\_\_\_\_  
Doctor (name and address): \_\_\_\_\_  
Dentist (name and address): \_\_\_\_\_  
Other Medical (name and address): \_\_\_\_\_  
School(s) (name and address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Child Care Provider(s) (names and addresses): \_\_\_\_\_

\_\_\_\_\_

Child's Recreational Activities: \_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION:

Were you ever married to the opposing party? \_\_\_\_\_ If yes, date of divorce: \_\_\_\_\_

Is there a current order in place? \_\_\_\_\_ Did you bring a copy of the Order? \_\_\_\_\_

If not, please briefly describe what the order states:

\_\_\_\_\_

Has paternity been established? \_\_\_\_\_ Is child support currently being paid? \_\_\_\_\_

By Whom? \_\_\_\_\_ How much each month? \_\_\_\_\_

Is the opposing currently behind in child support? \_\_\_\_\_ By how much? \_\_\_\_\_

Do you have a case with CSED? \_\_\_\_\_

Who carries medical/dental insurance on child(ren)? \_\_\_\_\_ Monthly expense: \_\_\_\_\_

Are there childcare expenses? If so, how much? \_\_\_\_\_ Who pays: \_\_\_\_\_

Gross monthly wages for him: \_\_\_\_\_ Gross monthly wages for her: \_\_\_\_\_

**DO NOT FILL ANYTHING OUT BELOW THIS LINE - THANK YOU**

(Office Use Only)

FEE ARRANGEMENT

\$ \_\_\_\_\_ Retainer (FEE QUOTED) \_\_\_\_\_ *amf* \_\_\_\_\_ *pcbltr*

\$250.00 Hourly \$ 100.00 /hour Legal Assistant Time

Petition/Response: \_\_\_\_\_ Motion for Interim Relief: \_\_\_\_\_

Interim Custody: \_\_\_\_\_

Interim Child Support: \_\_\_\_\_