

**BOYD, FERNAMBUCQ & DUNN, P.C.**  
**FAMILY COURT INFORMATION FORM**

This form must be completed as thoroughly as possible for the completion of forms required by Federal and State governments and for the preparation of pleadings in this case.

Date: \_\_\_\_\_ Client's Full Name: \_\_\_\_\_  
(First) (Middle) \*(Prior Name) (Last)

Client's Full Legal Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

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

**\*\*\* IF YOU PREFER YOUR CORRESPONDENCE MAILED TO AN ALTERNATE MAILING ADDRESS, PLEASE PROVIDE:**  
\_\_\_\_\_  
\_\_\_\_\_

Birth date & Place: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Employment Address: \_\_\_\_\_ Zip \_\_\_\_\_

Your Family Counselor: \_\_\_\_\_ Your Accountant: \_\_\_\_\_

Your Personal Physician: \_\_\_\_\_  
\*\*\*\*\*

Other Party's Full Name: \_\_\_\_\_  
(First) (Middle) \*(Prior Name) (Last)

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Birthdate & Place: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**FAMILY COURT FORM  
PAGE 2**

**Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Employment Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**In what relation is the "Other Party" to you?(Ex-Spouse, parent, etc.):**

\_\_\_\_\_

**Last Year of Education Completed: (Please circle)**

**You:**            1 2 3 4 5 6 7 8 9 10 11 12    **College:** 1 2 3 4 5+

**Other Party :** 1 2 3 4 5 6 7 8 9 10 11 12    **College:** 1 2 3 4 5+

**Legal Name of all Children INVOLVED In This Matter:**

(1) \_\_\_\_\_ **B'date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

(2) \_\_\_\_\_ **B'date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

(3) \_\_\_\_\_ **B'date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

(4) \_\_\_\_\_ **B'date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Child Support Amount Paid: \$** \_\_\_\_\_            **Paid By: Self\_\_(or) Other Party\_\_**

**Monthly Day Care Amount Paid: \$** \_\_\_\_\_            **Paid By: Self\_\_(or) Other Party\_\_**

**Minor Children of PRIOR Marriage NOT INVOLVED In This Matter:**

(1) \_\_\_\_\_ **B'date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

(2) \_\_\_\_\_ **B'date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

(3) \_\_\_\_\_ **B'date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**FAMILY COURT FORM  
PAGE 3**

**INCOME**

**YOURSELF**

**OTHER PARTY**

**GROSS Income From  
Wages, Etc.:**

\_\_\_\_\_

\_\_\_\_\_

**OTHER Income:**

\_\_\_\_\_

\_\_\_\_\_

**Please Specify:**

\_\_\_\_\_

\_\_\_\_\_

**Total GROSS Monthly  
Income:**

\_\_\_\_\_

\_\_\_\_\_

**Total NET Monthly  
Income:**

\_\_\_\_\_

\_\_\_\_\_

**Monthly Premium for Health Insurance: \$\_\_\_\_\_ Paid By: Self \_\_\_ (or) Other Party \_\_\_**

\*\*\*\*\*

**Referred to this firm by: \_\_\_\_\_**

\_\_\_\_\_