

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: _____

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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:** _____

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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:_____
