

**PREPARE YOUR DOCUMENTS**  
**(CHILD CUSTODY)**

Name: \_\_\_\_\_  
Last Name First Middle Maiden

DOB: \_\_\_/\_\_\_/\_\_\_ Sex: M/F (circle one) Social Security Number: \_\_\_-\_\_\_-\_\_\_

Education: \_\_\_\_\_

Place of birth: \_\_\_\_\_  
City County State Country

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_ - \_\_\_ Work Phone: (\_\_\_\_) \_\_\_ - \_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_ - \_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

What legal action(s) were you involved in previously, if any? \_\_\_\_\_

How were you referred to DivorceNM.com? \_\_\_\_\_

DATE: \_\_\_/\_\_\_/2016 Name \_\_\_\_\_

Gross Monthly Pay: \$ \_\_\_\_\_ Paid: Weekly/Bi-Weekly/ Monthly (circle one)

**OPPOSING PARTY INFORMATION:**

Name: \_\_\_\_\_  
Last Name First Middle Maiden

DOB: \_\_\_/\_\_\_/\_\_\_ Sex: M/F (circle one) Social Security Number: \_\_\_-\_\_-\_\_\_

Education: \_\_\_\_\_

Place of birth: \_\_\_\_\_  
City County State Country

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Gross Monthly Pay: \$ \_\_\_\_\_ Paid: Weekly/Bi-Weekly/ Monthly (circle one)

**CHILDREN:**

1. Name: \_\_\_\_\_  
Last Name First Middle Maiden

DOB: \_\_\_/\_\_\_/\_\_\_ Sex: M/F (circle one) Social Security Number: \_\_\_-\_\_\_-\_\_\_

Place of birth: \_\_\_\_\_  
City County State Country

Please set forth where and with whom this child has lived with for the past 5 years:

\_\_\_\_\_

2. Name: \_\_\_\_\_  
Last Name First Middle Maiden

DOB: \_\_\_/\_\_\_/\_\_\_ Sex: M/F (circle one) Social Security Number: \_\_\_-\_\_\_-\_\_\_

Place of birth: \_\_\_\_\_  
City County State Country

Please set forth where and with whom this child has lived with for the past 5 years:

\_\_\_\_\_

3. Name: \_\_\_\_\_  
Last Name First Middle Maiden

DOB: \_\_\_/\_\_\_/\_\_\_ Sex: M/F (circle one) Social Security Number: \_\_\_-\_\_\_-\_\_\_

Place of birth: \_\_\_\_\_  
City County State Country

4. Name: \_\_\_\_\_  
Last Name First Middle Maiden

DOB: \_\_\_/\_\_\_/\_\_\_ Sex: M/F (circle one) Social Security Number: \_\_\_-\_\_\_-\_\_\_

Place of birth: \_\_\_\_\_  
City County State Country

Please set forth where and with whom this child has lived with for the past 5 years:

\_\_\_\_\_

**CHILD SUPPORT**

Who is the custodial parent? \_\_\_\_\_ Number of Children? \_\_\_\_\_

	Custodial Parent	Non-Custodial Parent
Gross Monthly Income?	\$ _____	\$ _____
What is/are the child(ren)'s health and dental insurance premium paid by the custodial parent? <sup>1</sup>	\$ _____	\$ _____
What is the work-related child care payment of the custodial parent?	\$ _____	\$ _____
Are there any extraordinary medical, dental, education and counseling expenses incurred in excess of one hundred dollars (\$100) per child per year; and transportation and communication expenses necessary for long distance visitation or time sharing.	\$ _____	\$ _____
How many 24 hour days out of 365 days per year spent with:	_____	_____

Does either party pay child support for other children that are not part of is action?

Yes/No

If so, what is the cause number where that child support is paid.

---

<sup>1</sup> If employer paid coverage, then take the Employee + Child rate subtract the employee only rate and that is the monthly rate for insurance. If the child is on Medicaid this amount will be zero.

**OTHER INFORMATION**

Does your case involve allegations of:	Physical Violence?	Yes/No (circle one)
	Criminal Record?	Yes/No (circle one)
	Excessive Alcohol Use?	Yes/No (circle one)
	Use of Illegal Drugs?	Yes/No (circle one)
	Child Abuse?	Yes/No (circle one)

If Physical violence, has a Protective Order ever been Issued? Yes/No (circle one)  
If so, please give details:

---

---

---

---

---

---

---

Have you ever been charged with any crime other than traffic citations? Yes/No (circle one)  
If so, please give details:

---

---

Has your spouse ever been charged with any crime other than traffic citations? Yes/No (circle one)  
If so, please give details:

---

---

Are there other circumstances which may be a factor in your case? Yes/No (circle one)

If so, please give details:

---

---

Have you been involved with any Family Law proceeding with any Court? Yes/No (circle one)

If so, please explain fully when, where, and why.

---

---

---

Have you or any one associated with this case been the subject of a: (circle all that apply)

- |  |   |
|--|---|
| a) Protective Order                        | g) Welfare or Aid to Families with Dependent Children |
| b) Restraining Order                       | h) Common-Law or Informal Marriage                    |
| c) Child Protective Services Investigation | i) Termination of Parental Rights                     |
| d) Mental Health Professional Treatment    | j) Prenuptial Agreement or Partitioning Agreement     |
| e) Questionable Paternity Status           | k) Personal Injury Lawsuit                            |
| f) Substance Abuse Treatment               |   |

If any circled, please explain:

---

---

---

---

Do you have any of the following social media accounts? (circle all that apply)<sup>2</sup>

- a) Facebook?
- b) Twitter?
- c) Instagram?
- d) Other? \_\_\_\_\_

---

<sup>2</sup> Social media accounts and information posted may be available as evidence in court.