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UNMARRIED PARENTS INTAKE QUESTIONNAIRE

Today's Date: _____

YOUR PERSONAL INFORMATION

Your Complete Legal Name: _____

Your Prior Names (if any): _____

Names of Your Prior Spouse (if any): _____

Your Present Address: _____

City: _____ State: _____ Zip: _____

How Long?: _____ Part of Town: _____

Your Preferred Mailing Address: _____

Your Place of Birth: _____

Your Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Fax: _____ Is call needed before fax sent?: _____

Date of Divorce: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties: _____

Date of Hire: _____ Rate of Pay: _____

How often are you paid?: _____ Gross Pay: _____ Net Pay: _____

Overtime: _____ Average number of hours per month: _____

Bonuses: _____ Average per year: _____

Commissions: _____ Average per month: _____

Deductions from wages other than taxes and social security: _____

Do you have any additional earned income?: _____ If yes, what do you do, where and what is your monthly income?: _____

If Unemployed:

Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment: _____ Rate of Pay: _____

Reason for Leaving: _____

High School Attended: _____ Did you graduate?: _____

If not, how many years of schooling have you completed?: _____

Colleges, Professional Schools or Training Programs Attended:

_____ Degree: _____

_____ Degree: _____

_____ Degree: _____

If you did not complete your education, please state specific reasons why: _____

Have you ever discussed this matter with any other attorney?: _____

If so, state name of Attorney and when: _____

Do you have any other claims against anyone?: _____

If yes, who?: _____

Does anyone have any claims against you?: _____

If yes, who?: _____

Have you ever filed Bankruptcy?: ___ If yes, when?: _____

Do you have a current Will?: _____

CHILDREN

Name	Date of Birth	Social Security Number	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH/MEDICAL INFORMATION

Do you or the other parent have any disabilities or ongoing medical conditions?: _____

Please give a brief description of the disability or the condition and any special or ongoing treatment you or the other parent receive for the condition:

Condition	Doctor Name	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Have you or your ex-spouse participated in any counseling or therapy concerning the problems of this marriage or otherwise?: _____ If yes, please state the treatment, address of treatment provider, and periods of time of such services:

Treatment	Address	Periods of Time
_____	_____	_____
_____	_____	_____

MEDICAL INSURANCE COVERAGE

Is your family covered under a medical insurance policy?: _____

Does your employer provide this coverage?: _____

What is the name of the insurance company?: _____

Address: _____

Policy Number: _____ Group Number: _____

Is there any cost to you for this coverage?: _____

If yes, how much and how often?: _____

What is the cost for your children to be covered above the cost for you and your current spouse (if there is one) to be covered?: _____

Does the other parent's employer provide this coverage?: _____

If yes, what is the name of the insurance company?: _____

Address: _____

Policy Number: _____ Group Number: _____

Is there any cost to the other parent for this coverage?: _____

If yes, how much and how often?: _____

What is the cost for your children above the cost for him/her to be covered?: _____

PERSONAL INFORMATION OF MOTHER/FATHER OF CHILDREN

Complete Legal Name: _____

Prior Names (if any): _____

Names of Prior Spouse (if any): _____

Present Address: _____

City: _____ State: _____ Zip: _____

How Long?: _____ Part of Town: _____

Preferred Mailing Address: _____

Place of Birth: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Fax: _____ Is call needed before fax sent?: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties: _____

Date of Hire: _____ Rate of Pay: _____

How often is he/she paid?: _____ Gross Pay: _____ Net Pay: _____

Overtime: _____ Average number of hours per month: _____

Bonuses: _____ Average per year: _____

Commissions: _____ Average per month: _____

Deductions from wages other than taxes and social security: _____

Does he/she have any additional earned income?: _____ If yes, what does he/she do,
where and what is his/her monthly income?: _____

High School Attended: _____ Did he/she graduate?: _____

If not, how many years of schooling has he/she completed?: _____

Colleges, Professional Schools or Training Programs Attended: _____

_____ Degree: _____

_____ Degree: _____

_____ Degree: _____

If he/she did not complete his/her education, please state specific reasons why: _____

Has he/she ever discussed this matter with any other attorney?: _____

If so, state name of Attorney and when: _____

Does he/she have any other claims against anyone?: _____

If yes, who?: _____

Does anyone have any claims against him/her?: _____

If yes, who?: _____

Has he/she ever filed Bankruptcy?: _____

If yes, when and where?: _____

Does he/she have a current Will?: _____