



**LANELAWSC.COM**

**CLIENT DATA**

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Type of Case  Mod  Contempt  ChSupp  ChCus  AI  Other

Client: Plaintiff:  Defendant:

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

Employer Address/Phone: \_\_\_\_\_

**VERSUS (Adverse party)**

Case No: \_\_\_\_\_ Jud. Dist.: \_\_\_\_\_ County \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Employer Address/Phone: \_\_\_\_\_

Wage/Salary \_\_\_\_\_

Other Compensation: \_\_\_\_\_

**Children:**

Full Name	Living With	Sex	Date of Birth/Age	Biological or Step?
1.				
2.				

3.				
4.				

**Jurisdiction: FOR ATTORNEY TO FILL OUT**

County to File \_\_\_\_\_ **DNA TEST** \_\_\_\_\_  
Prior Case# \_\_\_\_\_ **NEEDED** \_\_\_\_\_  
Address last lived together: \_\_\_\_\_  
(Circle One)

Birth Certificate Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Required:**

**Pleadings:**  
Waiver  Issue Process  Other  \_\_\_\_\_

**Opposing Counsel**

Other Action Required: (name change)  
\_\_\_\_\_  
\_\_\_\_\_

Custody Specification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child Support Specifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST POTENTIAL WITNESSES FOR CASE**

Name	How long known	Relationship	Location
1.			
2.			
3.			
4.			