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ATTORNEY AT LAW**

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CUSTODY/SUPPORT QUESTIONNAIRE

Please fill this questionnaire out as completely as possible and return it to our office **with the additional documents requested within 2 weeks if possible**. It is extremely important that you thoroughly and completely fill out this questionnaire in that I will use this document in the trial of your case and for any settlement negotiations. The more information you give me the better job I will do on your case. This document will not be shown to the other side and any information you write on it will be confidential and will fall under the Attorney Client privilege and will not be obtainable by the other side.

Please bring this completed questionnaire and the following documents with you to your next office visit.

1. **A copy of last year's tax returns, if you filed.** The court will require disclosure of this information at the first court date in the form of exhibits. Exhibits are simply documents showing the assets, liabilities and income of both parties along with an idea of what each party wants.
2. **A copy of any pay stubs you have for the last month or if paid cash a statement from your employer of what your monthly income is. If you are self employed simply write down what you make per month.** The court will require disclosure of this information at the first court date in the form of exhibits. Exhibits are simply documents showing the assets, liabilities and income of both parties along with an idea of what each party wants.
3. **A copy of any cash receipts, money orders or checks you have paid for child support to the other side.**
4. **A copy of any prior orders or agreements filed in this case, ie: Divorce decree, Agreements, Custody Orders, Child support orders. Etc.**
5. **A copy of any child support orders for any children born prior to the children in this case.**

NAME _____ PHONE _____

EMPLOYMENT BACKGROUND

PLEASE LIST ANY JOBS YOU HAVE HAD. PLEASE BEGIN WITH CURRENT EMPLOYMENT AND GO BACK.

YOUR Information	Job Title	Year Beginning & Ending	Monthly Net Pay Beginning \$	Monthly Net Pay Ending \$
Reason Left			Period Unemployed 1998-2001	

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Reason Left			Period Unemployed 1998-2001	

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	Reason Left			Period Unemployed 1998-2001

YOUR Information	Job Title	Year Beginning & Ending	Monthly Net Pay Beginning \$	Monthly Net Pay Ending \$
	Reason Left			Period Unemployed 1998-2001

LIVING EXPENSE

list your monthly living expenses.

Rent/mortgage	Utilities	Food	Gas/oil	Loan
Insurance car 1	Insurance car 2	House Ins.	Other Ins.	Furniture
TV cable	Credit card	Car payment 1	Car payment 2	other

Please describe your educational background? ie college, tech school, high school etc. _____

IF THIS IS A CASE INVOLVING A CHANGE IN CUSTODY OF CHILDREN ALSO PROVIDE THE FOLLOWING INFORMATION . IF IT IS CHILD SUPPORT ONLY SKIP TO THE LAST PAGE AND FILL IN ANY MISSING INFORMATION.

- A. REPORTS FROM DOCTORS OF ANY ABUSE**
- B. CHILD SCHOOL RECORDS, IE: GRADES, PROGRESS ETC.**
- C. REPORTS FROM ANY COUNSELORS, PSYCHIATRIST ETC. CONCERNING THE PARTIES.**
- D. NAME, ADDRESS AND PHONE OF ANY POTENTIAL WITNESSES**
- E. DOCUMENTS SHOWING PAYMENT OF MEDICAL INSURANCE IF ANY**
- F. POLICE REPORTS OF DOMESTIC PROBLEMS/ ARRESTS IF ANY**

PERSONAL INFORMATION (Please add sheets as needed)

Do you have any significant medical problems? NO If so, please describe in detail the following: 1. How long you have had this problem? 2. Will it get better or worse? 3. Does it affect you ability to have employment?

Does the other side (xspouse, partner etc) have any significant medical problems? NO If so, please describe in detail the following: 1. How long has your spouse have had this problem? 2. Will it get better or worse? 3. Does it affect your spouse’s ability to have employment?

Do you consume alcohol on a regular basis or use any illegal drugs? NO If so, describe the following: What do you use? How often do you use? Is your spouse or your spouse’s friends present when the use occurs? Are any of your minor children present?

Does the other side (xspouse, partner etc) consume alcohol on a regular basis or use any illegal drugs? NO If so, describe the following: What do they use? How often do they use? Is your spouse or your spouse’s friends present when the use occurs? Are any of your minor children present?

Do you have a criminal record? NO If so, please describe the following: What you were convicted of? When did this occur? , Please include any DUI or protection from abuse charges.

Does the other side (xspouse, partner etc) have a criminal record? NO If so please describe what were they convicted of, when this occurred. Please include any DUI or protection from abuse charges.

Has the other side (xspouse, partner etc) physically abused you or the children during the past? NO What date or dates did the abuse occur? What did occur? Were the children present?

Have you struck the other side (xspouse, partner etc) during the past? NO What date or dates did the abuse occur?

What did occur? Were the children present?

CHILDREN

Where do the children want to live, if known? Why do the children want to live there?

Who takes on most of the parenting responsibilities? You ____ xspouse, partner, parent etc ____
Who disciplines the children and is it done in an appropriate way? Please describe.

Who helps them with homework? Please describe.

Who goes with the children to various activities? Please describe.

Where do the children go to school and how long have they gone there? _____

Would the children be required to go to a new school if a custody change occurred?

Describe any negative activity the children are involved in where they currently live _____

WITNESSES (subpoenas are \$40 each, also list witnesses that will come without being subpoenaed)
 If there are any witnesses to any of the matters listed above, please provide contact information.

Subpoena Yes	Subpoena No	Name	Mailing Address (street or P. O Box, city, state, zip)	Phone
What occurred in their presence? Be specific.				

Do you want me to contact this person? ____ Yes ____ No

Subpoena Yes	Subpoena No	Name	Mailing Address (street or P. O Box, city, state, zip)	Phone
What occurred in their presence? Be specific.				

Do you want me to contact this person? ____ Yes ____ No

Subpoena Yes	Subpoena No	Name	Mailing Address (street or P. O Box, city, state, zip)	Phone
What occurred in their presence? Be specific.				

Do you want me to contact this person? ____ Yes ____ No

Subpoena Yes	Subpoena No	Name	Mailing Address (street or P. O Box, city, state, zip)	Phone
What occurred in their presence? Be specific.				

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Do you want me to contact this person? ____ Yes ____ No

Subpoena Yes	Subpoena No	Name	Mailing Address (street or P. O Box, city, state, zip)	Phone
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What occurred in their presence? Be specific.

Do you want me to contact this person? ____ Yes ____ No

How is the other side related to you? ie xspouse, parent etc. _____

Describe the home of the other side. ie 3 bed 3bath, clean ,dirty etc be specific _____

Who lives in the home now? _____

Does anyone not a party to this case living in the home have any problems I need to know about . Ie: medical, drug, criminal

Where does the other side work and what hours do they work _____

Who cares for the children while they are at work _____

What is the other sides educational background _____

What is the other sides financial condition? ie : what is their income generally

Please provide the following in full detail 1. Why do you believe the children should live with you? 2. Why should the children not live with the other side (xspouse, partner etc) Please take your emotions out of it like the judge will and give me the facts . If there is any other information that might be important or that you think I might need to know please add it in the space below, attach sheets if needed.

I need both sections filled in. To avoid problems of hand writing, please print.

PLAINTIFF SECTION		DEFENDANT SECTION			
I need a copy of original divorce decree or custody /child support order if parties unmarried		What county was case originally filed in.			
Full name		Full name			
Home phone number (include area code)		Home phone number (include area code)			
Work phone number (include area code)		Work phone number (include area code)			
Home address (Street, number and apartment) (City, State, and Zip Code)		Home address (Street, number and apartment) (City, State, and Zip Code)			
Mailing address		Mailing address			
Social Security Number:		Social Security Number:			
Date of Birth:		Date of Birth:			
County in which you live in:		County in which you live in:			
Have you lived in this county at least six months? (circle one) Yes No		Have you lived in this county at least six months? (circle one) Yes No			
SEX: (MALE FEMALE)		SEX: (MALE FEMALE)			
Child's full name	Address mom dad	sex male/ fem	Date of Birth	Social Security Number	
Place of employment (if not employed, check none) <input type="checkbox"/> none Name and Address of Employer: (include street, city, state, and zip code)		Place of employment (if not employed, check none) <input type="checkbox"/> none Name and Address of Employer: (include street, city, state, and zip code)			
Telephone number of Employer:(area code–prefix–number)		Telephone number of Employer:(area code–prefix–number)			
		If wage ,insurance info not available can obtain after filing			
Gross Wages: \$ _____ per month or \$ _____ bi-weekly or \$ _____ per week (look for the word 'Gross' on your paycheck)		Gross Wages: \$ _____ per month or \$ _____ bi-weekly or \$ _____ per week (look for the word 'Gross' on your paycheck)			
IF YOU ARE PAYING CHILD SUPPORT FOR CHILDREN BORN PRIOR TO THIS MARRIAGE, LIST THE AMOUNT OF SUPPORT YOU PAY: \$ _____ per month or \$ _____ per week		IF YOU ARE PAYING CHILD SUPPORT FOR CHILDREN BORN PRIOR TO THIS MARRIAGE, LIST THE AMOUNT OF SUPPORT YOU PAY: \$ _____ per month or \$ _____ per week			
If you pay child care, what is the child care cost? \$ _____ per month or \$ _____ per week		If you pay child care, what is the child care cost? \$ _____ per month or \$ _____ per week			
Do you provide health/dental insurance for the children? (circle one) Yes No What is the cost of this insurance to you? \$ _____ per month or \$ _____ per week		Do you provide health/dental insurance for the children? (circle one) Yes No What is the cost of this insurance to you? \$ _____ per month or \$ _____ per week			

I need both sections filled in. To avoid problems of hand writing, please print.

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Full name		Full name			
Home phone number (include area code)		Home phone number (include area code)			
Work phone number (include area code)		Work phone number (include area code)			
Home address (Street, number and apartment) (City, State, and Zip Code)		Home address (Street, number and apartment) (City, State, and Zip Code)			
Mailing address		Mailing address			
Social Security Number:		Social Security Number:			
Date of Birth:		Date of Birth:			
County in which you live in:		County in which you live in:			
Have you lived in this county at least six months? (circle one) Yes No		Have you lived in this county at least six months? (circle one) Yes No			
SEX: (MALE FEMALE)		SEX: (MALE FEMALE)			
Child's full name	Address mom dad	sex male/ fem	Date of Birth	Social Security Number	
Place of employment (if not employed, check none) <input type="checkbox"/> none Name and Address of Employer: (include street, city, state, and zip code)		Place of employment (if not employed, check none) <input type="checkbox"/> none Name and Address of Employer: (include street, city, state, and zip code)			
Telephone number of Employer:(area code–prefix–number)		Telephone number of Employer:(area code–prefix–number)			
		If wage ,insurance info not available can obtain after filing			
Gross Wages: \$ _____ per month or \$ _____ bi-weekly or \$ _____ per week (look for the word 'Gross' on your paycheck)		Gross Wages: \$ _____ per month or \$ _____ bi-weekly or \$ _____ per week (look for the word 'Gross' on your paycheck)			
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AGREEMENT TO EMPLOY COUNSEL

This Agreement is made by and between THE Law Firm of Damon Q. Smith & Associates LLC., Attorney at Law, hereinafter called "Attorney", and the undersigned, hereinafter called "Client". Client hereby employs Attorney to represent Client with regard to the following matter: Divorce, Custody, Support or Modification. Attorney hereby accepts said employment upon the following terms: Attorney promises to use his best effort and skill in carrying out said employment. Attorney will provide Client with legal representation concerning said case pursuant to the following fee schedule, \$650 Fee for an uncontested divorce, defined for purpose of this agreement as settlement of case prior to any party being served with service of process, plus court cost. \$2000 Fee for a contested divorce, child custody, child support or modification of child custody or support, plus court cost, service of process if other than Sheriff and expenses if required; these may include court reporters or investigator fees, \$500 Additional fee for mediation and or interim evidentiary hearings if ordered by court or agreed to by the parties. \$150 Additional fee for a new deed. I will need a copy of the first page of the current deed. If Client does not wish to continue said uncontested or contested divorce or child custody or child support case at any point after the initial fee is paid Attorney will charge for the time expended in said case at our usual hourly rate of \$400.00 to be deducted from any fees received from client with any remaining fee being returned to client. Client further agrees that said agreement shall not take effect until initial consultation with attorney either by phone or in person.

Client Signature

Date

Attorney Signature

Date

notes