
TERMINATION OF CHILD SUPPORT

CLIENT: MOVANT RESPONDENT

NAME: _____ MAIDEN NAME: _____

HOME PHONE: () _____ CELL PHONE:() _____

WORK PHONE: () _____

HOME ADDRESS: _____

WORK ADDRESS: _____

D.O.B.: _____ P.O.B.: _____ AGE: _____

SOC. SEC. NO.: _____ DRIVER'S LICENSE NO.: _____ STATE: _____

NEXT OF KIN:

NAME: _____ PHONE: () _____

ADDRESS: _____

EMAIL ADDRESS(ES): _____

ADVERSE PARTY: MOVANT RESPONDENT

NAME: _____ MAIDEN NAME: _____

HOME PHONE:() _____ CELL PHONE:() _____

WORK PHONE:() _____

HOME ADDRESS: _____

WORK ADDRESS: _____

D.O.B.: _____ P.O.B.: _____ AGE: _____

SOC. SEC. NO.: _____ DRIVER'S LICENSE NO.: _____ STATE: _____

NEXT OF KIN:

NAME: _____ PHONE: () _____

ADDRESS: _____

EMAIL ADDRESS(ES): _____

ORIGINAL ORDER & DATE OF ENTRY: _____

CHILD(REN):

NO 1. - NAME: _____

GENDER: FEMALE / MALE

BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____

BIRTH DATE: _____ **SOC. SEC. NO.:** _____

DRIVER'S LICENSE NO.: _____ **STATE:** _____

PRESENT ADDRESS: WITH MOVANT / WITH RESPONDENT

NO. 2 - NAME: _____

GENDER: FEMALE / MALE

BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____

BIRTH DATE: _____ **SOC. SEC. NO.:** _____

DRIVER'S LICENSE NO.: _____ **STATE:** _____

PRESENT ADDRESS: WITH MOVANT / WITH RESPONDENT

NO. 3 - NAME: _____

GENDER: FEMALE / MALE

BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____

BIRTH DATE: _____ **SOC. SEC. NO.:** _____

DRIVER'S LICENSE NO.: _____ **STATE:** _____

PRESENT ADDRESS: WITH MOVANT / WITH RESPONDENT

NO. 4 - NAME: _____

GENDER: FEMALE / MALE

BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____

BIRTH DATE: _____ **SOC. SEC. NO.:** _____

DRIVER'S LICENSE NO.: _____ **STATE:** _____

PRESENT ADDRESS: WITH MOVANT / WITH RESPONDENT

CUSTODY: MOVANT - Primary JMC / Possessory JMC / Sole / Possessory

RESPONDENT - Primary JMC / Possessory JMC / Sole / Possessory

CHILD SUPPORT: AMOUNT: \$ _____
MONTHLY / BI-MONTHLY / BI-WEEKLY / WEEKLY

DATE CHILD SUPPORT WAS TO HAVE TERMINATED: _____

AMOUNT PAID SINCE THE TERMINATION DATE:\$ _____

NOTE: _____

SERVICE: YES / NO
PLACE: WORK / HOME
SERVER: PRIVATE / SHERIFF

ADVERSE PARTY'S VEHICLE: _____

DESCRIPTION OF RESPONDENT TO BE SERVED:

Hair Color: _____ Eye Color _____ Glasses: Yes No

Facial Hair (describe): _____

Scars or other defining traits: _____

MISCELLANEOUS INFORMATION:

SPECIAL PLEADINGS:

ESTIMATED FEES:

FILING FEES: \$ _____ ATTORNEY FEES: \$ _____

TOTAL RETAINER FEE: \$ _____

FEE ARRANGEMENT: _____

**(PLEASE UNDERSTAND THAT CLIENTS ARE RESPONSIBLE FOR FEES INCURRED
EVEN IF WE SEEK FEES FROM THE ADVERSE PARTY.)**

FILE INFORMATION:

SERVICE DATE: _____

DEFAULT DATE: _____

COURT DATE(S): _____

"Skeletons in the Closet" and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail. Will anyone allege that you or your spouse or ex-spouse has done any of the following:

	You	Your spouse or ex-spouse
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
15. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
16. Abused own spouse?	_____	_____
17. Been accused of child abuse?	_____	_____

18. Had a sexual relationship during the marriage with someone other than own spouse? _____
19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware? _____

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship. _____

- | | You | Your spouse or
ex-spouse |
|---|-------|-----------------------------|
| 20. Had a homosexual/bisexual relationship? | _____ | _____ |
| 21. Engaged in unusual sexual practices? | _____ | _____ |
| 22. Had a pregnancy outside of marriage? | _____ | _____ |
| 23. Had a sexually transmitted disease? | _____ | _____ |
| 24. Drunk to excess? | _____ | _____ |

If so, what and how often? _____

25. Other? _____

26. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation: _____

27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children? _____

28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party? _____

29. If so, describe the content: _____