



COMMANDER LAW

ATTORNEYS & MEDIATORS

Serving Tidewater, Hampton Roads, and Coastal Virginia Since 1981

CUSTODY AND SUPPORT

Date: _____

How did you hear about us: _____

Custody _____ Support _____ Paternity _____ Visitation _____

1. Your Full Legal Name : _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Birth Date: ____/____/____ Place of Birth: _____ SS #: ____-____-____

Drivers License number / State Issued: _____ / _____

Employer's Name & Address: _____

Job Title/Description: _____

If Military, Branch: _____ Rank/ Rate: _____ Home of Record: _____

Your approximate income: \$ _____ weekly monthly yearly

Other Parent's Full Legal Name: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Birth Date: ____/____/____ Place of Birth: _____ SS #: ____-____-____ Driver

License Number/ State Issued : _____ / _____

Employer's Name & Address: _____

Job Title/Description: _____

If Military, Branch: _____ Rank/Rate: _____ Home of Record: _____

Your approximate income: \$ _____ weekly monthly yearly

3. If you have been married or are married to the person above:

Date Married: _____ City & State where married: _____

If now separated, Date of Separation: ____/____/____

4. List all children involved in this matter:

Name:	DOB:	SSN:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The children are living with: _____

5. Have you been involved in any custody disputes in court regarding your children? YES NO

If so, state court, when, where and the outcome: _____

6. Please tell us briefly how we can help you: _____

7. Name of other party(ies) involved:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Have you ever used an attorney before? YES NO

If yes, who and what was it regarding: _____
