

FAMILY COURT DIRECT

ABOUT THE CLIENT INFORMATION REQUESTS (CIR)

This packet contains our information gathering forms, referred to by Family Court Direct staff as “CIR”. Please complete the following pages as completely as possible. Below is a brief description of each form, including its purpose.

CLIENT INFORMATION (pages 2-5). This portion of the form is to gather all available vital information about the parties involved in your legal matter. If a portion of the form does not pertain to you, please leave it blank. The opposing party means the other parent/party in the matter, whether or not the matter is uncontested. If there are two Petitioners, such as in a step-parent adoption or a guardianship, please fill out two copies of page 2 (Client information), one for each Petitioner. In guardianship proceedings, whether contested or not, the other party will be BOTH of the child’s parents/other party. Please fill out two copies of page 3 (Opposing Party), one for each parent/party. If needed, a second page of either page 2 or 3 will be sent to you, upon request.

CUSTODY AND VISITATION PLAN (pages 6-7). This portion of the form is intended for you to set forth your proposed parenting plan. Please provide as much information possible regarding what times the children shall be with either parent, including start and end times for visitation and holidays.

DECLARATION (pages 8-10). This portion of the form is for you to state all information you feel is important for the legal consultant who will be preparing your paperwork. The legal consultant may use parts of your declaration (or the entire statement) when preparing your paperwork. Whether or not your statement actually set forth in the paperwork will be dependent upon what is the appropriate procedure for your particular jurisdiction.

FINANCIAL INFORMATION (pages 11-20). This form is used to provide us with information regarding your financial situation. This information may be used when completing financial statements for the court, including child support worksheets if applicable. This information may also be used to complete requests to waive court fees, mediation fees or service fees for low income persons.

Should you have any further questions about the CIR form, please feel free to contact your customer care representative.

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CLIENT INFORMATION

Full name: _____

Maiden Name (If applicable): _____

Birth Date: _____ Social Security Number: _____

City and State or Foreign Country where born: _____

Driver's License Number: _____ State: _____

Home Address: _____

City: _____

County: _____ State: _____ Zip: _____

How long have you lived in (City/County/State) _____

Home Phone Number: _____

Fax Number: _____

Cell Phone Number: _____

Email Address: _____

MARRIAGE AND SEPARATION

(if applicable)

City and State or Foreign Country of Marriage: _____

Date of Marriage: _____

Are you separated/divorced from your spouse/other party? _____

If so, please state the date of separation/divorce: _____

County and State of Divorce proceeding: _____

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OPPOSING PARTY INFORMATION

Full name: _____

Maiden Name (If applicable): _____

Birth Date: _____ Social Security Number: _____

City and State or Foreign Country where born: _____

Driver's License Number: _____ State: _____

Home Address (if unknown, provide last known address): ☐ Current address ☐ Last known (if Last known, you MUST obtain current address before documents can be filed with the Court. Family Court Direct will not obtain addresses for the other party, but can refer you to a low cost private investigator for assistance.)

Address: _____

City: _____

State: _____ County: _____ Zip Code: _____

How long has the other party lived in (City/County/State)? _____

Home Phone Number: _____

Employed? ☐ YES ☐ NO (If yes, please provide any information regarding their employment you may have.)

Employer name: _____

Address: _____

How long has the other party been employed by this company? _____

What is the other party's income? If not sure, please provide an estimate and state the basis for this estimate.

\$_____ ☐ monthly ☐ annually Basis for estimate: _____

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CHILDREN

Name: _____

Sex (M/F): _____ Date of Birth: _____ Age: _____

City and State of Birth: _____

Social Security Number: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Age: _____

City and State of Birth: _____

Social Security Number: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Age: _____

City and State of Birth: _____

Social Security Number: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Age: _____

City and State of Birth: _____

Social Security Number: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Age: _____

City and State of Birth: _____

Social Security Number: _____

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During the past ***FIVE YEARS***, the minor children have lived with the following persons, at the following places and for the following periods of time. You must complete this portion with as much specific information as possible, including months/days/years.

Dates: From/To	Address where child lived	Name and present address of person child lived with	Relationship to Child

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CUSTODY/VISITATION PLAN

Are there currently any custody orders in place? ☐ YES ☐ NO

Are there any restraining or protective orders in place? ☐ YES ☐ NO

Please provide the custody and/or visitation that you wish the court to grant to you.

Physical custody of the child(ren) to ☐ SELF ☐ OTHER PARENT/PARTY ☐ JOINT

Legal custody of the child(ren) to ☐ SELF ☐ OTHER PARENT/PARTY ☐ JOINT

Visitation to the other parent/party ☐ Yes (complete below) ☐ No ☐ Supervised only (complete below)

The following schedule*** is time that I wish for the children to spend with ☐ Myself ☐ Other parent

☐ EVERY WEEKEND

From _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

To _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

☐ ALTERNATE WEEKENDS

From _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

To _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

☐ WEEKDAYS

From _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

To _____ at _____ ☐ p.m. ☐ a.m.
(day) (time)

☐ OTHER (example: one week on, one week off schedule, starting Sunday at 5 p.m. until the following Sunday at 5 p.m. Parents will alternate this schedule every week, equaling 50/50 time) Please be as specific as possible and include start and end times.

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Transportation to the visit will be provided by: _____

Transportation from the visit will be provided by: _____

or

The parties will meet at the following location _____ at

_____ ☐ a.m ☐ p.m for exchange of the child(ren).

HOLIDAYS AND SPECIAL OCCASIONS

Please indicate which parent/party the child(ren) will spend the following holidays with by writing Mother, Father or Other and indicating the time the visit will begin and end.

Holiday	Start/end time	Every year	Even years	Odd years
New Year's Eve				
New Year's Day				
Mother's Day				
Father's Day				
Fourth of July				
Halloween				
Christmas Eve				
Christmas Day				
Easter				
Child's Birthday				
Other (specify)				
Other				
Other				

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DECLARATION

Please use the Declaration pages to provide us with background on your current legal matter, and to provide us with what your ultimate goal/desired outcome would be. You should also use this form to provide any rebuttals to the other party's claims made in their Petition/Motion (if one has been filed). The statements provided by you in the declaration may be used as partial content of the documents being prepared for you, either in whole or in part.

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This form is for information purposes **only**, in order that Family Court Direct may better assist you with the preparation of your documents. This form **should not** be filed with the court.

[illegible]

This form is for information purposes **only**, in order that Family Court Direct may better assist you with the preparation of your documents. This form **should not** be filed with the court.

[illegible]

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FINANCIAL INFORMATION

Employer name: _____

Employer address: _____

Employer phone number: _____

Occupation: _____

Date job began: _____

If unemployed, date job ended: _____

How many hours per week do you work? _____

Pay period ☐ WEEKLY ☐ BI-WEEKLY ☐ TWICE MONTHLY ☐ MONTHLY

Hourly rate: \$ _____

Have you completed high school (or the equivalent)? _____

How many years of college have you completed? _____

How many years of graduate school have you completed? _____

What degrees have you obtained? _____

Do you hold any professional or vocational licenses? _____

What was the last tax year you filed taxes? _____

Filing status (single, married filing singly or jointly, head of household) _____

What state do you file taxes in? _____

Deductions/exemptions claimed: _____

PLEASE INCLUDE AT LEAST 2 PAY STUBS WHEN SUBMITTING THIS INFORMATION

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MONTHLY INCOME

1. Salary or wages (<i>before taxes</i>):	
2. Bonuses, commissions, allowances, tips, or overtime	
3. Income from self-employment	
4. Public assistance, SSI, disability (please indicate which)_____	
5. Alimony (spousal support)	
6. Worker's compensation	
7. Social Security (not SSI)	
8. Unemployment compensation	
9. Dividends/Interest	
10. Rental property income	
11. Trust income, royalties or estates	
12. Monthly in-kind or reimbursed expenses to the extent that they reduce personal living expenses	
13. Any other monthly income not listed above (please specify)	
TOTAL MONTHLY GROSS INCOME (add lines 1-13)	

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MONTHLY DEDUCTIONS

1. Federal taxes	
2. State taxes	
3. Local taxes	
4. FICA or self-employment taxes	
5. Medicare payments	
6. Social security payments	
7. MANDATORY union dues	
8. MANDATORY retirement payments	
9. Health insurance payments, including dental, <i>excluding children of this relationship</i>	
10. Health insurance payments, including dental, <i>actually paid for children of this relationship</i>	
11. Monthly court ordered support paid for children from <i>another</i> relationship	
12. Monthly court ordered child support <i>actually paid for this</i> matter	
13. Monthly court ordered alimony actually paid from this matter	
14. Monthly court ordered alimony actually paid from another matter	
15. Any other monthly deductions not included above (please specify)	
TOTAL MONTHLY DEDUCTIONS (add 1-15)	

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AVERAGE MONTHLY EXPENSES

☐ Estimate expenses ☐ Actual expenses ☐ Proposed needs

1. <input type="checkbox"/> Mortgage or <input type="checkbox"/> rent	
2. Property taxes	
3. Electric	
4. Gas or heating	
5. Telephone	
6. Cable/internet	
7. Water/trash	
8. Cellular phone	
9. Groceries	
10. Dining out	
11. Household supplies (cleaning supplies, paper products, etc)	
12. Clothing for self	
13. Clothing for children	
14. Entertainment, gifts, vacation	
15. Gasoline	
16. Vehicle maintenance and repairs	
17. Auto insurance	
18. Charitable or religious organizations	

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19. Savings or investments	
20. Insurance (life, accident, renter's, etc. –do not include auto or health)	
21. Education (tuition, books, supplies) for self	
22. Education (tuition, books, supplies, lunch money, after school activities, sports) for children	
23. Grooming for self	
24. Grooming for children	
25. Child Care	
26. Other (list)	
27. Other (list)	
28. Installment payments (from below)	
TOTAL MONTHLY EXPENSES (add 1-28)	

MONTHLY INSTALLMENT PAYMENTS FOR EXPENSES NOT LISTED ABOVE (for automobiles, please list make, model and year)				
Creditor's name	Purpose of debt	Amount paid	Remaining Balance	Date of last payment

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List ALL other persons who live in your home:

Name	Age	Relation to you	This person's monthly gross income	Does this person pay any of the household expenses? If yes, how much?

Health insurance information:

Do you have health insurance available to you through your employer? ☐ YES ☐ NO

Name of insurance company: _____

Address and phone number, if available: _____

Do you receive state/county assisted medical coverage? ☐ YES ☐ NO

Name of program: _____ Who is covered? _____

Special hardships or circumstances you wish for the court to consider: _____

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ASSETS AND DEBTS

ASSETS	Separate Property?	Date Acquired	Current Fair Market Value	Balance Owed
Real Property <i>Provide address</i>				
Vehicles (Including boats, trailers, RV, etc) <i>Provide Year, Make, Model of each</i>				
Household Furnishings, Furniture, Appliances <i>Identify separately</i>				
Jewelry, Antiques, Art, Coin Collections, etc. <i>Identify Separately</i>				

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ASSETS (continued)	Sep. Prop	Date Acquired	Current FMV	Balance Owed
Savings Accounts <i>Provide Name of Bank, last 4 digits of account number</i>				
Checking Accounts <i>Provide Name of Bank, last 4 digits of account number</i>				
Cash <i>Provide location</i>				
Tax Refund				
Life Insurance with Cash Surrender or Loan Value <i>Company Name, location, and policy number</i>				
Stocks, Bonds, Secured Notes, Mutual Funds <i>Provide Certificate #</i>				
Retirement and Pensions <i>Name of company</i>				
Profit-sharing, Annuities, IRAs, Deferred Compensation <i>Describe</i>				

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Assets (continued)	Sep.Prop	Date Acquired	Current FMV	Balance Owed
Accounts Receivable and Unsecured Notes <i>Describe</i>				
Partnerships and other Business Interests <i>Describe</i>				
Any other asset not listed above <i>Describe separately</i>				
Total Assets:				\$_____

Debts	Sep. Property	Total Owed	Date Incurred
Student Loans <i>Give Name of Lender, last 4 digits of account number, etc</i>			
Taxes <i>Provide Details</i>			
Support Arrearages <i>Give Details and Attach copy of Order</i>			

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Debts (continued)	Sep. Property	Total Owed	Date Incurred
Loans-Unsecured <i>Give details</i>			
Credit Cards <i>Give creditor's name, address and last 4 digits of account number</i>			
Any Other Debts not listed above List separately and provide details			
TOTAL DEBTS:			\$ _____

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