

MCFARLING LAW GROUP

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**Please return all Intake Forms with other documentation to
intake@mcfarlinglaw.com.**

Post Decree Custody/Child Support Intake Form

Today's date:

What type of case is this? Custody Child support Both

This intake form is required to be filled out to the best of your ability. Names of all parties must be filled in prior to the consultation for conflict checks.

Name

Have you been served a legal document that you have not been responded to: YES NO

If yes, State the date received as well as the name of the document:

Please State your Top 3 Litigation Goals in Order of Importance:

Examples of Good Goals: "I want joint custody of my son" I want to prevent the other parent from relocating with our child".

Examples of Bad Goals: "I want to expose to the world what a liar he/she is"

Goal #1:

Goal #2:

Goal #3:

Personal Data – please fill in all fields

Street Address

City, State, Zip

Home Phone

Cell Phone

Fax No:

Is it ok to contact you at the phone numbers listed above?

Personal Email: work email

Do you prefer we use your personal email, work email or both?

All Former Names:

Driver's License Number: Issuing State: years in Nevada
Soc Sec #: Age: Birth date:
Education/Training:

Employment Information:

Job Title:

Employer Name

Address

City, State, Zip

Employer Phone

Salary: Gross\$ Net\$ Per:

Work Hours:

Date began employment:

Children at issue in this case:

CHILD 1

Name: Social Security #:

Age: Sex: Birth date:

Child currently resides with? City, State How long in state?

CHILD 2

Name: Social Security #:

Age: Sex: Birth date:

Child currently resides with? City, State How long in state?

Is the father listed on the Birth Certificate Yes No

CHILD 3

Name: Social Security #:

Age: Sex: Birth date:

Child currently resides with? City, State How long in state?

Other Party – children's other parent, or opposing party in the case

Name

Address

City, State, Zip

Home Phone

Cell Phone

Email:

work email

Fax No:

All Former Names:

Driver's License Number:

Issuing State:

years in Nevada

Soc Sec #:

Age:

Birth date:

Education/Traning:

Employer Information:

Job Title:

Employer Name

Address

City, State, Zip

Employer Phone

Salary: Gross\$

Nets ___

Per: ___

Work Hours:

Date began employment:

CUSTODY

Is there an existing custody order?

If so, where and when was it entered?

Current order legal custody: Joint Mother Sole Father Sole

Current order physical custody: Shared Mother Primary Father Primary

Current court ordered regular timeshare:

Mom:

Dad:

Are you following the court ordered schedule?

If not following or no current order – what is current custody schedule?

Mom:

Dad:

Are you requesting a change in custody or timeshare from the prior order?

Details:

Desired Custody Arrangement:

Legal custody: Joint Mother Sole Father Sole

Physical custody: Shared Mother Primary Father Primary

Desired Visitation Arrangement:

Desired custody schedule?

Mom:

Dad:

Visitation should be unsupervised Supervised If Supervised is being requested, please explain why:

CHILD SUPPORT

Is there an existing child support order?

Amount?

Who pays? Mother Father

Have all support payments been made? YES NO If no, specify amount owed: \$

Gross monthly income of parent paying child support \$

If no order, is there an agreement for an amount?

If so, how much?

Additional details about child support:

Please specify whether any of the children at issue have special needs, i.e. private school, tutor, medical needs, sports, activity or training:

HEALTH INSURANCE

Who provides children's health insurance? Mother Father

Is there a court order for one parent to provide health insurance?

Who pays copays and unreimbursed medical expenses?

Is there a court order for who pays copays and unreimbursed medical expenses?

Other Info:

How much does the medical insurance cost for the children at issue? \$ _____ per:

Are there presently any unreimbursed medical expenses for the child(ren) YES NO

If so please specify the amount owed for unreimbursed medical expenses\$

Are there any other expenses for the child(ren) at issue? YES NO

If yes, please explain:

DETAILS ABOUT YOUR CASE:

Issue:

Facts:

Were you referred to a specific attorney? If so to who? _____

How did you hear about us?

- U.S. Department of State
- Nevada State Bar website list of specialists
- Legal Aid Center of Southern Nevada
- American Association of Matrimonial Lawyers (AAML.org)
- International Association of Family Lawyers (IAFL.com)
- MartindaleHubbel.com/ Lawyers.com
- Avvo.com
- Other internet directory:
- Google.com

- Other internet search:
- Other Attorney, Attorney's name:
- Friend, Friend's name:
- Other: