



## Post-Judgement Client Information Form

Please Complete this form **as completely as possible** and return it to the address or email below.  
Representation **will not begin** until this form, fee agreement, and retainer are returned.

Date Completed:

### Client's Personal Contact Information

Full Name (including middle name):

Aliases /Former Names:

Home/Mailing Address:

Telephone No.: Home:  Work:  Cell:

*May we contact you at work?*  *Yes*  *No* *If yes, what are your normal work hours?*

Email (Optional):  Fax:

*Preferred Method of Contact:*  *Home Phone*  *Cell Phone*  *Work Phone*  *Email*

### Additional Contact

Name:  Phone No.:  Cell:

Address:

Email:  Relationship:

**Client's Personal Details**

Date of Birth:  SSN:

State/County of Birth:  Drivers' License:

Years in Michigan:  Gender:  Male  Female  Transgender

Eye Color:  Hair Color:  Race:

Height:  Weight:  Tattoos/Scars:

**Opposing Party's Personal Details**

Full Name (including middle name):

Aliases /Former Names:

Home/Mailing Address:

Telephone No.: Home:  Work:  Cell:

Date of Birth:  SSN:

State/County of Birth:  Drivers' License:

Years in Michigan:  Gender:  Male  Female  Transgender

Eye Color:  Hair Color:  Race:

Height:  Weight:  Tattoos/Scars:

Who was/is the other party's attorney?

**Children**

Full Name:  Date of Birth:

Social Security Number:  *Resides with*  *Mother*  *Father*  *Joint*

Full Name:  Date of Birth:

Social Security Number:  *Resides with*  *Mother*  *Father*  *Joint*

Full Name:  Date of Birth:

Social Security Number:  *Resides with*  *Mother*  *Father*  *Joint*

Full Name:  Date of Birth:

Social Security Number:  *Resides with*  *Mother*  *Father*  *Joint*

***Do any of these children have special needs? Please Explain:***

***Where do the children attend school or daycare? Tuition per child per year (if any):***

***Please list each of the addresses where they children have lived in the past 5 years (with dates):***

***Describe any other litigation involving the children? (Including CPS or DHS)***

***Name any other person with custody of the children and their relationship to the children***

### Client's Education History

High School:  Date of Diploma/GED:

College:  Major:  Date of Degree:

Vocational School:  Date of Certification:

Additional Training & Date Received:

### Opposing Party's Education History

High School:  Date of Diploma/GED:

College:  Major:  Date of Degree:

Vocational School:  Date of Certification:

Additional Training & Date Received:

### Client's Employment

Employer's Name & Address:

Supervisor:  Phone No.  FAX:

Position:  Date Hired:

Scheduled Work Hours:

Gross Weekly Income:  *Please list any deductions i.e. Insurance, Union Dues*

If unemployed, what is the last work done?

Dates: from  to  Reason for Leaving:

Former Employer's Name & Address:

**Opposing Party's Employment**

Employer's Name & Address:

Supervisor:  Phone No.  FAX:

Position:  Date Hired:

Scheduled Work Hours:

Gross Weekly Income:  *Please list any deductions i.e. Insurance, Union Dues*

If unemployed, what is the last work done?

Dates: from  to  Reason for Leaving:

Former Employer's Name & Address:

**Client's Memberships/Affiliations (Optional)**

Religious Group:

Union Group:

Civic Group:

Volunteer Work:

**Opposing Party's Memberships/Affiliations (Optional)**

Religious Group:

Union Group:

Civic Group:

Volunteer Work:

**Prior Court Information**

Case Name:  vs.  File No.

Court:  I was the  Plaintiff  Defendant

***Under the current order:***

I Have Sole Legal Custody  I Have Joint Legal Custody

I Have Sole Physical Custody  I Have Joint Physical Custody

I Have Parenting Time at these times:

I Receive Spousal Support/Alimony  I Pay Spousal Support/Alimony

Amount per month:  Amount of Back Support Owed:

I Receive Child Support  I Pay Child Support

Amount per month:  Amount of Back Support Owed:

Other:

**Current Matter Information**

***I want to change the order as to:***

Custody  Parenting Time  Child Support  Spousal Support/Alimony

Arrearage  Property  Other:

***Who pays for medical insurance for the children?  I do  Other Party  Medicare***

Child:  Policy No.:  Insurance Provider:

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***Please describe what has changed since the last order:***

***What is your goal in hiring an attorney?***

***Please list any special concerns you may have:***

***Please provide copies of the following documents:***

***All prior orders in the matter  
Medical Insurance Cards for Children  
CPS, DHS, or Police reports regarding Children***

***Please return this completed form,  
along with your Retainer Agreement and payment  
to the address below.***