



Thank you for choosing Baxley Maniscalco, LLP. To get your consultation started, please complete this questionnaire as fully and accurately as you can. Our attorneys and staff are ethically bound and personally committed to maintaining the confidentiality of all of your personal information.

IDENTIFYING INFORMATION

Table with 4 columns: You (First Name, Middle Name, Last Name, Maiden Name, Nickname, Date of Birth, Social Security #) and Opposing Party (First Name, Middle Name, Last Name, Maiden Name, Nickname, Date of Birth, Social Security #, Attorney).

CONTACT INFORMATION

Table with 4 columns: You (Physical Address, Mailing Address, Phone, Email) and Opposing Party (Physical Address, Mailing Address, Phone, Email).

| | | |
|---|------|---------------------|
| List any other people we may discuss your case with | Name | Relationship to You |
| | | |
| | | |
| | | |

E M P L O Y M E N T

If either party is unemployed, please provide information for his or her most recent employment.

| You | | Opposing Party | |
|---------------------|--|---------------------|--|
| Currently Employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Currently Employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer Name | | Employer Name | |
| Address | | Address | |
| | | | |
| Phone Number | | Phone Number | |
| Job Title | | Job Title | |
| Average Monthly Pay | | Average Monthly Pay | |
| Member of Military? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Member of Military? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

R E F E R R A L S O U R C E

| <i>How did you hear about us? Please check all that apply.</i> | |
|--|--|
| <input type="checkbox"/> Avvo.com | <input type="checkbox"/> Magazine Ad |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Bar Referral Service | <input type="checkbox"/> Radio Ad |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Referral From: |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Speaking Engagement |
| <input type="checkbox"/> Friend of Firm Employee: | <input type="checkbox"/> TV Ad |
| <input type="checkbox"/> Google | <input type="checkbox"/> Website (lawoxford.com) |
| <input type="checkbox"/> Other: | |

CHILDREN

List only the biological or adoptive children of the parties.

| Name | Sex | Date of Birth | Current Age |
|------|-----|---------------|-------------|
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CURRENT CUSTODIAL STATUS

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|--|--|
| When was the current custody order entered? | |
| What county was the case filed in? | |
| Was there a trial? | <input type="checkbox"/> Yes. <input type="checkbox"/> No. |
| Which party was awarded decision-making authority? | <input type="checkbox"/> Me. <input type="checkbox"/> Opposing Party. <input type="checkbox"/> Both (Joint). |
| What was the placement schedule? | <input type="checkbox"/> I had primary placement; the opposing party had visitation. |
| | <input type="checkbox"/> I had visitation; the opposing party had primary placement. |
| | <input type="checkbox"/> We had equal amounts of time. |
| | <input type="checkbox"/> Other (describe): |
| Was child support ordered? | <input type="checkbox"/> No. <input type="checkbox"/> Yes: \$_____ per month, paid by: <input type="checkbox"/> me to the opposing party. <input type="checkbox"/> the opposing party to me. |

MODIFICATION GROUNDS

Using this space, state the facts which show your proposed change to be in the children’s best interests. Note: In a custody modification, **these facts must represent a change in circumstances since the date of the previous custody order.**

Empty rectangular box for providing facts for the proposed change.

DESIRED CHILD CUSTODY & PLACEMENT

Below is the calendar for an average month. Shade in the days the children should live with the opposing party (in other words, shade in the days you **will not** have the children). Note: Standard visitation is every other weekend from Friday at 6:00 p.m. to Sunday at 6:00 p.m.

Calendar grid with columns for days of the week (Sunday to Saturday) and rows for dates (31, 1-6, 7-13, 14-20, 21-27, 28-31).

If your proposed visitation schedule cannot be shown using this calendar, use this space to briefly describe it.

Empty rectangular box for describing a visitation schedule not shown on the calendar.

The law encourages the preservation of both parties' parental relationship as much as possible. After most custody cases, the parties are required to cooperate with each other in making decisions for their children. Only under extreme circumstances (abuse, abandonment, etc.) does one party have true sole custody and the ability to make decisions independent of the other.

| | |
|--|--|
| Should you be required to cooperate with the opposing party about decisions you make for the children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, please briefly state the reasons why, then skip to "Child Support." | |
| | |
| | |
| | |

If the parties are able to work together well, sometimes the custody order simply says that they are to cooperate on all decisions. However, if you are concerned about the possibility of constant disagreement, it is probably best to say that one party or the other has the final say (called the "tiebreaker"). If you believe there should be a tiebreaker provision in your custody order, place a check next to the party which should have tiebreaker authority for each area.

| | | | |
|------------------|---|-------------------|---|
| Cultural | <input type="checkbox"/> You <input type="checkbox"/> Opposing Party | Medical | <input type="checkbox"/> You <input type="checkbox"/> Opposing Party |
| Educational | <input type="checkbox"/> You <input type="checkbox"/> Opposing Party | Religious | <input type="checkbox"/> You <input type="checkbox"/> Opposing Party |
| Extracurriculars | <input type="checkbox"/> You <input type="checkbox"/> Opposing Party | Other (describe): | <input type="checkbox"/> You <input type="checkbox"/> Opposing Party |

CHILD SUPPORT

Child support is calculated by using the parties' respective incomes and applying the Alabama Child Support Guidelines.

| | |
|--|--|
| Who will be responsible for the children's health insurance? | <input type="checkbox"/> You <input type="checkbox"/> Opposing Party <input type="checkbox"/> Neither/All kids |
| How many people does that insurance policy cover? | |
| What is the monthly premium for that policy? | \$_____ |
| Will the custodial party have to pay for daycare? | <input type="checkbox"/> No <input type="checkbox"/> Yes: \$_____ per _____ |

GOALS STATEMENT

Use this space to briefly describe what you would like to achieve from this case.

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AGREEMENT & ATTESTATION

| | |
|---|--|
| Has the case already been filed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you discussed these matters with the opposing party? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, are they in agreement with each of these terms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

By signing, you affirm that the information provided above is true and accurate to the best of your knowledge.

CLIENT

DATE