

**DOMESTIC CLIENT QUESTIONNAIRE-POTENTIAL CHILD SUPPORT  
MODIFICATION CASE**

**(PLEASE COMPLETE ONLY SECTION I OF THIS FORM PRIOR TO YOUR APPOINTMENT WITH MR. DISBROW)**

**SECTION I**

Today's Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Opposing Counsel, if any: \_\_\_\_\_

Your full name \_\_\_\_\_  
(First, middle, last name)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
(Town, state, zip code)

Phone Number: \_\_\_\_\_  
Home Work Cell  
\_\_\_\_\_  
Fax Email address

Drivers License # / State: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Place of Employment / Address: \_\_\_\_\_

Your relationship to the children: \_\_\_\_\_

How much are you currently paying in child support and how often? \_\_\_\_\_

Name of whom your child support payments go to: \_\_\_\_\_

Are you currently behind on your child support payments?  YES  NO

Do you currently have court date for this matter here in Brunswick County?  YES  NO

If the answer to the above question is YES, what is the scheduled court date and time? \_\_\_\_\_

Full Name of Children's Other Biological Parent: \_\_\_\_\_

Mailing address of other biological parent: \_\_\_\_\_

Mailing address of other biological parent: \_\_\_\_\_

Children's Full Names: \_\_\_\_\_ Date/s of Birth: \_\_\_\_\_ Where & with whom is each child residing at this time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Separation: \_\_\_\_\_ Divorce complete?  YES  NO

Date divorce completed and location (county & state): \_\_\_\_\_

Is there a current child support order in effect for the children?  YES  NO

If your answer to the above question is YES, did you bring a copy of the order with you today?  
 YES  NO

If your answer to the above question is NO, what county and state was the order issued in?  
\_\_\_\_\_

