

## NEW CLIENT INTAKE FORM

Please provide as much of the information requested as you can.

The more complete you can be, the easier it will be for Attorney Blumberg to open your case and start working on your behalf.

### YOUR INFORMATION

(Please PRINT)

Your Full Name:	First:	Middle:	Last:
Your Home Address:	Street Addr:		
	City:	State:	Zip: Country (if not US):
Your Home Phone:	Cell:	Work Ph:	Message Ph:
Fax:	E-mail:	Facebook Name:	
Your Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Your Age:	Birthplace:
Your Drivers Lic. No.:	State of Issue:		Your Soc. Sec. No.
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, your citizenship?	Your immigration Status:	
Your relationship to the child(ren): : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (Specify) :			
Your relationship to the other party: <input type="checkbox"/> Husband / Wife <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Fiancé / Fiancée <input type="checkbox"/> Other (Specify):			
Your Employer:			Your Occupation:
Work Address:			
City:	State	Zip	Usual Work Hours: From to Work Days:
Have you hired a lawyer to handle this case?		If you have another lawyer in another state, check this box <input type="checkbox"/>	
<input type="checkbox"/> Yes (give details below)		and then provide the second lawyer's information in the spaces below:	
<input type="checkbox"/> Not yet.			
Name of your present lawyer:		Name of 2 <sup>nd</sup> Lawyer:	
Lawyer's Street Address:		2 <sup>nd</sup> Lawyer's Street Addr:	
City:	State:	Zip	City: State: Zip:
Lawyer's Phone:	Fax:	2 <sup>nd</sup> Lawyer's Phone:	Fax:
Lawyer's E-mail:		2 <sup>nd</sup> Lawyer's E-mail:	

## INFORMATION ABOUT THE OTHER PARTY

Please provide the following information about the Other Party:  
(If you don't know something, leave that block blank.)

Full Name:	First:	Middle:	Last Name:
Home Address:	Street Addr:		
	City:	State:	Zip: Country (If not U.S.)
Home Phone:	Cell:	Work Phone:	Message Phone:
Fax:	E-mail:		Facebook Name:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Age:	Birthplace: Soc. Sec. No.:
Is other party a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, of what country is he/she a citizen?	
			What is his/her immigration status:
His/her relationship to the child(ren): : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (Specify):			
His/her relationship to You: <input type="checkbox"/> Husband / Wife <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Fiancé / Fiancée <input type="checkbox"/> Other (Specify):			
His/her Employer:			Occupation:
Work Address:			
City:	State:	Zip:	Work Days: Work Hours: From _____ to _____
Does the other party have a lawyer in this case? <input type="checkbox"/> Yes (give details below) <input type="checkbox"/> Not that I know about.		Does the other party have another lawyer in another state? <input type="checkbox"/> Yes (give details below) <input type="checkbox"/> Not that I know about.	
Name of his/her present lawyer:		Name of 2 <sup>nd</sup> lawyer:	
Lawyer's Street Address:		2 <sup>nd</sup> Lawyer's Street Addr:	
City:	State:	Zip:	City: State: Zip:
Lawyer's Phone:	Fax:	2 <sup>nd</sup> Lawyer's Phone:	Fax:
Lawyer's E-mail:		2 <sup>nd</sup> Lawyer's E-mail:	

## INFORMATION ABOUT THE CHILD(REN)

**How many children under 18 years of age are involved in your case?**    1    2    3    4    5    6

### CHILD #1

Child's Full Name:	First:	Middle:	Last:
Other names used:		Date of Birth:	Place of Birth:
Soc. Sec. No.	Child's present location is: <input type="checkbox"/> Unknown <input type="checkbox"/> In State of: <input type="checkbox"/> Out of USA in Country of:		
Telephone:	Cell:	E-mail:	
Grade in school:	Name of School (if known):		In City:
Is Child a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Child a Citizen of another country? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, specify:	
Child's U.S. Passport No.		Child's other Passport No. (if known):	
Language(s) the child speaks: (Primary):		(Others):	
Child's present address:			
City:	State:	Zip	Facebook Name:      Password:

### CHILD #2

Child's Full Name:	First:	Middle:	Last:
Other names used:		Date of Birth:	Place of Birth:
Soc. Sec. No.	Child's present location is: <input type="checkbox"/> Unknown <input type="checkbox"/> In State of: <input type="checkbox"/> Out of USA in Country of:		
Telephone:	Cell:	E-mail:	
Grade in school:	Name of School (if known):		In City:
Is Child a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Child a Citizen of another country? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, specify:	
Child's U.S. Passport No.		Child's other Passport No. (if known):	
Language(s) the child speaks: (Primary):		(Others):	
Child's present address:			
City:	State:	Zip	Facebook Name:      Password:

### CHILD #3

Child's Full Name:	First:	Middle:	Last:
Other names used:		Date of Birth:	Place of Birth:
Soc. Sec. No.	Child's present location is: <input type="checkbox"/> Unknown <input type="checkbox"/> In State of: <input type="checkbox"/> Out of USA in Country of:		
Telephone:	Cell:	E-mail:	
Grade in school:	Name of School (if known):		In City:
Is Child a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Child a Citizen of another country? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, specify:	
Child's U.S. Passport No.		Child's other Passport No. (if known):	
Language(s) the child speaks: (Primary):		(Others):	
Child's present address:			
City:	State:	Zip	Facebook Name:      Password:

## INFORMATION ABOUT THE CHILD(REN)

(Continued)

### CHILD #4

Child's Full Name:	First:	Middle:	Last:
Other names used:	Date of Birth:	Place of Birth:	
Soc. Sec. No.	Child's present location is: <input type="checkbox"/> Unknown <input type="checkbox"/> In State of: <input type="checkbox"/> Out of USA in Country of:		
Telephone:	Cell:	E-mail:	
Grade in school:	Name of School (if known):	In City:	
Is Child a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Child a Citizen of another country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		
Child's U.S. Passport No.	Child's other Passport No. (if known):		
Language(s) the child speaks: (Primary):		(Others):	
Child's present address:			
City:	State:	Zip	Facebook Name: Password:

### CHILD #5

Child's Full Name:	First:	Middle:	Last:
Other names used:	Date of Birth:	Place of Birth:	
Soc. Sec. No.	Child's present location is: <input type="checkbox"/> Unknown <input type="checkbox"/> In State of: <input type="checkbox"/> Out of USA in Country of:		
Telephone:	Cell:	E-mail:	
Grade in school:	Name of School (if known):	In City:	
Is Child a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Child a Citizen of another country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		
Child's U.S. Passport No.	Child's other Passport No. (if known):		
Language(s) the child speaks: (Primary):		(Others):	
Child's present address:			
City:	State:	Zip	Facebook Name: Password:

### CHILD #6

Child's Full Name:	First:	Middle:	Last:
Other names used:	Date of Birth:	Place of Birth:	
Soc. Sec. No.	Child's present location is: <input type="checkbox"/> Unknown <input type="checkbox"/> In State of: <input type="checkbox"/> Out of USA in Country of:		
Telephone:	Cell:	E-mail:	
Grade in school:	Name of School (if known):	In City:	
Is Child a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Child a Citizen of another country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		
Child's U.S. Passport No.	Child's other Passport No. (if known):		
Language(s) the child speaks: (Primary):		(Others):	
Child's present address:			
City:	State:	Zip	Facebook Name: Password:

## Child(ren)'s Residential History

On the following timetable, please list all places where the child(ren) have lived since their birth, and for each location the identity of each person they have lived with.

(If you cannot recall an exact street address, please provide at least a city and state. If you cannot recall exact dates, please provide at least a month and year for each block.)

<b>Address:</b>	<b>Living with:</b>	<b>From:</b>	<b>To:</b>
			<b>PRESENT</b>

## INFORMATION ABOUT COURT ORDERS

- No order has ever been made by any court, anywhere, concerning the custody, physical placement or visitation of the child(ren)?
- An order has been requested of the \_\_\_\_\_ Court in the County of \_\_\_\_\_, State/Country: \_\_\_\_\_ in Case No. \_\_\_\_\_, but no order has been issued yet.
- At least one court order has been made concerning the custody, visitation or physical placement of the child(ren). Here are the details:
- There **was** a court order concerning the custody, visitation or physical placement of the child(ren), **but it is no longer in effect**. Here are the details about that previous order:

Type of court order (Divorce, Paternity, Guardianship, Neglect, Temporary Restraining Order, Domestic Violence, etc.): \_\_\_\_\_

Date of court order: \_\_\_\_\_ Issuing Court: State: \_\_\_\_\_ County: \_\_\_\_\_ Case No. \_\_\_\_\_

Any other court order(s): \_\_\_\_\_ Any court action pending: \_\_\_\_\_

Which court: \_\_\_\_\_ State / County: \_\_\_\_\_

Type of court case pending: \_\_\_\_\_

Your attorney in that case:  Same as listed on page 1  Different lawyer: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If the order is from a state outside of Wisconsin, has the order been *registered* in Wisconsin?  Yes  No

If yes, in what County: \_\_\_\_\_ Date registered: \_\_\_\_\_ Wisconsin Case No.: \_\_\_\_\_

If no, a. Was the other parent given notice of the case *before* the order was issued?  Yes  No

b. Since it was issued, has the order been  vacated,  stayed, or  modified by any court? If so, give details:

Have you and the other party ever lived together?  Yes  No

If yes, during what time? From \_\_\_\_\_ to \_\_\_\_\_

Were you and the other party married?  Yes  No. If yes, When: \_\_\_\_\_ Where: \_\_\_\_\_

Is there a child support order? (Check one)

No child support order  The other party is ordered to pay support  I am ordered to pay support  Someone else is ordered to pay support When was the last support payment made? \_\_\_\_\_

Have you denied physical placement or visitation to the other party since the separation?  Yes  No Explain why:

Have you ever received or refused correspondence from the other party since the separation?  Yes  No If yes, why:

Have there been incidents of violence or abuse between you and the other party?  Yes  No If yes, please describe:

## FACTS OF YOUR CASE

Date you last had contact with the other party: \_\_\_\_\_ Date of your last contact with the child(ren): \_\_\_\_\_

Describe how and where was this last contact made?  
\_\_\_\_\_  
\_\_\_\_\_

Describe how and where was this last contact made?  
\_\_\_\_\_  
\_\_\_\_\_

Is this an abduction situation or a wrongful retention situation?

Abduction

Wrongful Retention  
(Did not start as abduction).

Neither one  
(Skip to "Additional Information")

Describe the circumstances surrounding the abduction (i.e., how was the other party able to take the child[ren], from where and on what date was the child[ren] taken, etc.) or the wrongful retention (i.e., when and where was your physical placement to begin, what did the other party do to prevent it):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the abduction or wrongful retention reported to any police, sheriff, or government agency?  Yes  No

If yes, which agency? \_\_\_\_\_ Date of the report? \_\_\_\_\_

Did the Other Party have assistance from anyone else in taking and/or retaining the child(ren)?  Yes  No

If yes, give the names and addresses of all such persons and describe how they helped:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION

This information is needed ONLY to anticipate a possible defense by the other party in court.

If you currently have a visitation or placement order, how regularly have you visited the child(ren) in the past?  
\_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, Where: \_\_\_\_\_ When: \_\_\_\_\_

Charges: \_\_\_\_\_ Disposition/outcome: \_\_\_\_\_

Have you ever been charged with a crime against a child (e.g., abuse, abandonment, molestation/assault)?  Yes  No

If yes, describe what those charges were based on :

Have you ever had a physical or mental condition that could affect your ability to care for the child(ren)?  Yes  No  
If yes, please describe:

What reason do you think other party will give for his/her action in this case? \_\_\_\_\_  
\_\_\_\_\_

If there is any additional information about the facts of this case, the other party, or the child(ren) that you feel would be helpful, check this box  and attach a separate page with that information to this questionnaire.