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**CLIENT INFORMATION SHEET**

**POST JUDGMENT (DISSOLUTION OF MARRIAGE)**

Date: \_\_\_\_\_

**1. Your Personal Information**

Full Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Aliases/Prior Names: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this the address where you would like us to contact you?  Yes  No

If no, please provide a contact address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Secure E-mail address: \_\_\_\_\_

Is it Ok to contact you regarding your case at the above e-mail address?  Yes  No

Does anyone else have access to this e-mail address?  Yes  No

Emergency Contact Name and Relation to you: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

Emergency Contact e-mail address: \_\_\_\_\_

Are you a resident of the State of Florida?  Yes  No If yes, how long? \_\_\_\_\_

Do you have a Florida Driver's License? \_\_\_ Yes \_\_\_ No If yes, Date of Issue: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Length of Employment? \_\_\_\_\_  
Annual Salary: \_\_\_\_\_ Do you have any other sources of income? If so, from where,  
how often, and how much? \_\_\_\_\_

Are you participating in Counseling? \_\_\_ Yes \_\_\_ No  
If yes, with whom? \_\_\_\_\_  
Do you have a drug or alcohol problem? \_\_\_ Yes \_\_\_ No  
If yes, are you participating in Alcoholics Anonymous or Narcotics anonymous? \_\_\_ Yes \_\_\_ No  
Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_  
Type(s) of Crime(s) [Circle applicable]: Felony Misdemeanor  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

**2. Opposing Party Information**

Full Name: \_\_\_\_\_  
Aliases/Prior Names: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Address where Opposing Party can be served with legal papers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Numbers:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Is the opposing party a resident of the State of Florida? \_\_\_ Yes \_\_\_ No  
Does the opposing party have a Florida Driver's License? \_\_\_ Yes \_\_\_ No  
If no, in which state is the opposing party a resident? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Any other sources of income? If so, from where, how often, and how much? \_\_\_\_\_

Was the opposing party continuously employed during the marriage? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain: \_\_\_\_\_

Is the opposing party and/or child(ren) participating in counseling? \_\_\_\_ Yes \_\_\_\_ No

If yes, with whom? \_\_\_\_\_

Does the opposing party have a drug or alcohol problem? \_\_\_\_ Yes \_\_\_\_ No

If yes, is he/she participating in Alcoholics Anonymous or Narcotics anonymous? \_\_\_\_ Yes \_\_\_\_ No

Has the opposing party ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_

Type(s) of Crime(s) [Circle applicable]:            Felony            Misdemeanor

Please explain: \_\_\_\_\_

Has the opposing party retained an attorney in this matter? \_\_\_\_ Yes \_\_\_\_ No

If yes, attorney's name: \_\_\_\_\_

**3. Service and Case Status**

Case # \_\_\_\_\_ Division \_\_\_\_\_ County \_\_\_\_\_

Have you been served any papers regarding this post judgment matter? \_\_\_\_ Yes \_\_\_\_ No

If yes, date served: \_\_\_\_\_

Have you retained a previous attorney in this post judgment matter? \_\_\_\_ Yes \_\_\_\_ No

If yes, attorney's name(s): \_\_\_\_\_

Were you represented by an attorney in the initial proceeding? \_\_\_\_ Yes \_\_\_\_ No

If yes, attorney's name(s): \_\_\_\_\_

Are there any hearings scheduled? \_\_\_\_ Yes \_\_\_\_ No

If yes, when: \_\_\_\_\_

**4. Information Regarding the Current Action**

Date of Marriage: \_\_\_\_\_

Date of Final Judgment of Dissolution of Marriage: \_\_\_\_\_

Place of Final Judgment (City/County/State): \_\_\_\_\_

**Do you have a copy of the Final Judgment of Dissolution of Marriage and/or Marital Settlement Agreement with you? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**5. Support**

Are you currently ordered to pay alimony to the opposing party of the marriage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much per month? \_\_\_\_\_

Are payments to your former spouse current? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, how much is currently owed in arrears? \_\_\_\_\_

**6. Safety Assessment**

Has the opposing party ever physically or mentally abused you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has the opposing party ever accused you of physical or mental abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Has either party ever sought an injunction for protection against domestic violence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when, and was it granted?: \_\_\_\_\_

**7. Goals/Issues: (Circle all that apply)**

ENFORCEMENT OF CHILD SUPPORT

ENFORCEMENT OF ALIMONY

DECISION MAKING

ENFORCEMENT OF PARENTING TIME

CHANGE OF PARENTING TIME

MODIFICATION OF ALIMONY

MODIFICATION OF CHILD SUPPORT

OTHER: \_\_\_\_\_

RELOCATION OF CHILDREN

Please Explain:

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

Do you believe that this case can be settled amicably? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

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

**8. Children** (please complete for each child at issue in the post judgment matter)

Child #1

Child's Full Legal name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

What school and grade? \_\_\_\_\_

Special Needs or Concerns: \_\_\_\_\_

What is the present parenting arrangement? \_\_\_\_\_

Child #2

Child's Full Legal name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

What school and grade? \_\_\_\_\_

Special Needs or Concerns: \_\_\_\_\_

What is the present parenting arrangement? \_\_\_\_\_

Child #3

Child's Full Legal name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

What school and grade? \_\_\_\_\_

Special Needs or Concerns: \_\_\_\_\_

What is the present parenting arrangement? \_\_\_\_\_

Where and with whom have the child(ren) at issue in this Post Judgment matter resided in the *past five (5) years*?

Dates (from/to)	Address (including city and state) where the child lived	Name and present address of the person child lived with	Relationship to child

Are you aware of any other cases, orders or petitions regarding custody or child support for the child(ren) in Florida or any other state, besides the case you are here to see us about? \_\_\_ Yes \_\_\_ No

If yes, case number and brief description: \_\_\_\_\_

\_\_\_\_\_

Children born or adopted from another relationship:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Has there ever been a report to the Department of Children and Families (DCF) about you, the other party, or your children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has any party physically or mentally abused the children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you currently have shared parental responsibility (decision making)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, why not? \_\_\_\_\_

\_\_\_\_\_

Under whose health insurance policy are the child(ren) covered? (Circle one)    Father    Mother

Monthly amount for health insurance for *the child(ren) only*: \_\_\_\_\_

Do you have any day care expenses for the child(ren)? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount? \_\_\_\_\_

Are you currently ordered to pay child support? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much per month? \_\_\_\_\_

Are payments of child support current? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, how much child support is currently owed in arrears? \_\_\_\_\_

**9. How did you hear about our firm?**

Referred by: \_\_\_\_\_

\_\_\_\_\_ Internet \_\_\_\_\_ Driving by \_\_\_\_\_ Newspaper \_\_\_\_\_ Other: \_\_\_\_\_

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**I understand that the attorney has agreed to meet with me for the purpose of an initial consultation and that the attorney has not undertaken representation of me in this matter and will not do so until I sign an Agreement for Legal Services with attorney and pay the required retainer.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date