

**CLIENT INFORMATION SHEET  
ENFORCEMENT**

**Personal Information**

1. Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)
2. Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Home Telephone \_\_\_\_\_
4. Cell/Mobile Phone \_\_\_\_\_
5. Fax \_\_\_\_\_
6. Email \_\_\_\_\_  
Is it OK to communicate with you through email? \_\_\_\_\_
7. Name of Employer \_\_\_\_\_
8. Work Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
9. Work Telephone \_\_\_\_\_  
Is it OK to call you while you are at work? \_\_\_\_\_
10. Length of time with this employer \_\_\_\_\_
11. What address do you want mail sent to? \_\_\_\_\_
12. What is the best phone number to reach you? \_\_\_\_\_
13. Date of birth \_\_\_\_\_
14. Social security number \_\_\_\_\_
15. Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

16. How did you learn about the Law Office of Carie P. Mack (name of referral source)?  
\_\_\_\_\_

17. Reason for seeking legal services of the Law Office of Carie P. Mack (divorce, custody, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information about Former Spouse**

18. Name \_\_\_\_\_

19. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

20. Telephone number where spouse can be reached \_\_\_\_\_

21. Name of employer \_\_\_\_\_

22. Employer's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

23. Length of time with this employer \_\_\_\_\_

24. Date of birth \_\_\_\_\_

25. Social security number \_\_\_\_\_

26. Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

27. Does your former spouse have an attorney? \_\_\_\_\_

28. Name of attorney \_\_\_\_\_

**Information about order for which enforcement is being sought**

29. Name of existing Order \_\_\_\_\_

30. County and State where filed \_\_\_\_\_

31. Cause Number \_\_\_\_\_

32. Name of your attorney \_\_\_\_\_
33. Name of spouse's attorney \_\_\_\_\_
34. Reason(s) for seeking enforcement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information about Children**

35. Name of first child \_\_\_\_\_
- Age \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- Place of Birth (city, county, and state) \_\_\_\_\_
- Social Security Number \_\_\_\_\_
- Where is child currently residing? \_\_\_\_\_
- Type of conservatorship currently in place (joint managing, sole managing)  
\_\_\_\_\_
- Who has the right to determine the child's primary residence? \_\_\_\_\_
- List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Identify any special needs this child has \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Name of school or daycare child attends \_\_\_\_\_
- Address of school \_\_\_\_\_
- Name of child's primary teacher \_\_\_\_\_

36. Name of second child \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (city, county, and state) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Where is child currently residing? \_\_\_\_\_

Where is child currently residing? \_\_\_\_\_

Type of conservatorship currently in place (joint managing, sole managing)  
\_\_\_\_\_

Who has the right to determine the child's primary residence? \_\_\_\_\_

List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any special needs this child has \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of school or daycare child attends \_\_\_\_\_

Address of school \_\_\_\_\_

Name of child's primary teacher \_\_\_\_\_

37. Name of third child \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (city, county, and state) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Where is child currently residing? \_\_\_\_\_

Where is child currently residing? \_\_\_\_\_

Type of conservatorship currently in place (joint managing, sole managing)  
\_\_\_\_\_

Who has the right to determine the child's primary residence? \_\_\_\_\_

List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any special needs this child has \_\_\_\_\_

\_\_\_\_\_

Name of school or daycare child attends \_\_\_\_\_

Address of school \_\_\_\_\_

Name of child's primary teacher \_\_\_\_\_

38. Name of fourth child \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (city, county, and state) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Where is child currently residing? \_\_\_\_\_

Where is child currently residing? \_\_\_\_\_

Type of conservatorship currently in place (joint managing, sole managing)  
\_\_\_\_\_

Who has the right to determine the child's primary residence? \_\_\_\_\_

List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies \_\_\_\_\_

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Identify any special needs this child has \_\_\_\_\_

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Name of school or daycare child attends \_\_\_\_\_

Address of school \_\_\_\_\_

Name of child's primary teacher \_\_\_\_\_