

CASE NUMBER: \_\_\_\_\_ OPPOSING PARTY: \_\_\_\_\_

**MARGARET YOUNG BROWN, LLC  
ATTORNEY AT LAW  
CHILD SUPPORT/CHILD CUSTODY/JUVENILE INITIAL INFORMATION SHEET  
FEE CONTRACT- NON-MARITAL**

DATE: \_\_\_\_\_ SS#: \_\_\_\_\_ D/O/B: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_ CELL: \_\_\_\_\_ TEXT Y/N

EMAIL ADDRESS: \_\_\_\_\_ PREFERRED METHOD OF CONTACT: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PH #: \_\_\_\_\_

HAVE YOU BEEN SERVED: YES NO IF YES, DATE SERVED: \_\_\_\_\_

PEOPLE YOU GIVE PERMISSION TO SPEAK WITH RE: CASE DETAILS: \_\_\_\_\_

ARE YOU CURRENTLY REPRESENTED BY AN ATTORNEY: YES NO IF SO, NAME OF ATTORNEY: \_\_\_\_\_

HAVE YOU CONSULTED WITH ANOTHER ATTORNEY: YES NO IF SO, NAME OF ATTORNEY: \_\_\_\_\_

\*\*\*\*\*STOP HERE\*\*\*\*\*

**OFFICE USE ONLY BELOW**

**BASE FEE: \_\_\_\_\_ FILING FEE: \_\_\_\_\_ HOURLY RATE: \_\_\_\_\_**

**TO BE PAID AS FOLLOWS:**

**\$ \_\_\_\_\_ DOWN PAYMENT PAID ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2022 AND \$ \_\_\_\_\_ PER WEEK/BI-WEEKLY/MONTH BEGINNING ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2022 AND CONTINING EACH WEEK/BI-WEEKLY/MONTH THEREAFTER UNTIL REMAINDER OF FEE IS PAID IN FULL.**

**\* I, THE UNDERSIGNED, UNDERSTAND THAT I AM LIABLE FOR PAYMENT IN FULL FOR ANY AND ALL SERVICES RENDERED ACCORDING TO THE TERMS OF THIS CONTRACT. I ALSO UNDERSTAND THAT IF I ENTER INTO A PAYMENT PLAN, SERVICES ON MY CASE MAY CEASE UNTIL PAYMENTS ARE CURRENT AND THE ATTORNEY MAY WITHDRAW AT ANY TIME THAT I AM IN DEFAULT ON PAYMENTS. I UNDERSTAND ALL COURT COSTS AND EXPENSES MUST BE PAID BY ME AND ARE NOT PAID BY THE ATTORNEY OR WITH MY ATTORNEY FEE FUNDS.**

**\*I UNDERSTAND BASE FEE MUST BE PAID IN FULL PRIOR TO ANY AGREEMENT, MEDIATION, DEPOSITIONS, OR TRIAL. THERE MUST BE A MINIMUM OF \$600 IN ESCROW FOR MEDIATION TIME AND \$450 FOR TRIAL TIME PAID IN FULL PRIOR TO ANY MEDIATION BEING SCHEDULED OR TRIAL BEING SET. THESE AMOUNTS MAY VARY CASE TO CASE. I UNDERSTAND THE ATTORNEY CAN WITHDRAW FROM REPRESENTATION AT ANY TIME IF SAID FEES ARE NOT PAID TIMELY.**

**\*I ALSO UNDERSTAND THERE IS A \$75 PER HOUR CHARGE FOR PARALEGAL FEES FOR DOCUMENT PREPARATION. ALL ACCRUED FEES ARE DUE TO BE PAID WITHIN THIRTY (30) DAYS OF COMPLETION OF PREPARATION. FAILURE TO PAY SAID PARALEGAL FEES WILL RESULT IN WITHDRAWAL AND NO FURTHER REPRESENTATION WILL BE RENDERED.**

**\*I, THE UNDERSIGNED, UNDERSTAND THAT THIS IS NOT FOR ANY APPEAL OR OTHER PROCEEDING NOT SPECIFIED.**

**\*I, THE UNDERSIGNED, HEREBY WAIVE ALL EXEMPTIONS AS TO PERSONAL PROPERTY AND REAL PROPERTY AND AGREE TO PAY AN ATTORNEY FEE IF IT BECOMES NECESSARY FOR COLLECTION ACTION TO BE TAKEN. I ALSO UNDERSTAND THAT NO SERVICES WILL BE RENDERED UNTIL THIS DOCUMENT IS FULLY EXECUTED AND SERVICES MAY BE SUSPENDED IF THE PAYMENTS FOR SERVICES ARE NOT TIMELY MADE.**

**WITH KNOWLEDGE OF THE FOREGOING, I SET MY HAND AND SEAL THIS DAY**

THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2022.

WITNESS

CLIENT

OTHER RESPONSIBLE PARTY: \_\_\_\_\_ RELATIONSHIP TO CLIENT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ OPPOSING PARTY: \_\_\_\_\_

**FULL LEGAL NAMES ARE REQUIRED**

MOTHER \_\_\_\_\_ FATHER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

COUNTY WHERE RESIDES: \_\_\_\_\_ COUNTY WHERE RESIDES: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
S.S.N.#: \_\_\_\_\_ S.S.N.#: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
STATE WHERE BORN: \_\_\_\_\_ STATE WHERE BORN: \_\_\_\_\_  
OF HISPANIC ORIGIN: YES NO OF HISPANIC ORIGIN: YES NO  
RACE: \_\_\_\_\_ RACE: \_\_\_\_\_  
HIGHEST COMPLETED LEVEL OF EDUCATION: HIGHEST COMPLETED LEVEL OF EDUCATION

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
MONTHLY INCOME: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

**INFORMATION ON CHILDREN:**

HOW MANY CHILDREN UNDER 19? \_\_\_\_\_ WHO DESIRES CUSTODY? \_\_\_\_\_  
NAME, ADDRESSES AND DATE OF BIRTH OF CHILDREN:  
1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

D/O/B: \_\_\_\_\_ D/O/B: \_\_\_\_\_ D/O/B: \_\_\_\_\_  
SON \_\_\_\_\_ DAUGHTER \_\_\_\_\_ SON \_\_\_\_\_ DAUGHTER \_\_\_\_\_ SON \_\_\_\_\_ DAUGHTER \_\_\_\_\_  
S.S.N.#: \_\_\_\_\_ S.S.N.#: \_\_\_\_\_ S.S.N.#: \_\_\_\_\_  
PLEASE LIST ANY OTHER CHILDREN ON THE BACK OF THIS FORM

IF MOTHER/FATHER NOT A PARTY, NAME OF LEGAL CUSTODIAN AND RELATIONSHIP TO  
CHILD/CHILDREN: \_\_\_\_\_

ARE YOU CURRENTLY ON CHILD SUPPORT: YES NO  
IF YES, ARE YOU CURRENT ON PAYMENTS: YES NO  
IF IN ARREARS, AMOUNT OWED: \_\_\_\_\_ IF ARREARS OWED TO YOU, AMOUNT OWED: \_\_\_\_\_

PLEASE ADD ANY OTHER INFORMATION PERTAINING TO YOUR CASE HERE: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
WITNESS