

# AD LITEM / AMICUS INFORMATION SHEET

Today's Date: \_\_\_\_\_ Cause No. \_\_\_\_\_

Date of Divorce or of last Court Order \_\_\_\_\_

County of Court \_\_\_\_\_ Court # / Name \_\_\_\_\_

## **Mother of child(ren):**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_ E-mail \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_ Education Level \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_

Employer Address \_\_\_\_\_

DOB \_\_\_\_\_ City and State of birth \_\_\_\_\_

SSN \_\_\_\_\_ DL # \_\_\_\_\_

Attorney for Mother \_\_\_\_\_

## **Father of Child(ren)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_ E-mail \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_ Education Level \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_

Employer Address \_\_\_\_\_

DOB \_\_\_\_\_ City and State of birth \_\_\_\_\_

SSN \_\_\_\_\_ DL # \_\_\_\_\_

Attorney for Father \_\_\_\_\_

**Intervenor(s) (if any):**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Cell Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Annual Salary \$ \_\_\_\_\_ Education Level \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_  
Employer Address \_\_\_\_\_  
DOB \_\_\_\_\_ City and State of birth \_\_\_\_\_  
SSN \_\_\_\_\_ DL # \_\_\_\_\_  
Attorney for Intervenor \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Cell Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Annual Salary \$ \_\_\_\_\_ Education Level \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_  
Employer Address \_\_\_\_\_  
DOB \_\_\_\_\_ City and State of birth \_\_\_\_\_  
SSN \_\_\_\_\_ DL # \_\_\_\_\_  
Attorney for Father \_\_\_\_\_

**Children:**

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

DOB \_\_\_\_\_ City, County, and State of Birth \_\_\_\_\_

SSN: \_\_\_\_\_ School/Daycare Name \_\_\_\_\_

School/Daycare Address \_\_\_\_\_

School/Daycare Phone Number \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

DOB \_\_\_\_\_ City, County, and State of Birth \_\_\_\_\_

SSN: \_\_\_\_\_ School/Daycare Name \_\_\_\_\_

School/Daycare Address \_\_\_\_\_

School/Daycare Phone Number \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

DOB \_\_\_\_\_ City, County, and State of Birth \_\_\_\_\_

SSN: \_\_\_\_\_ School/Daycare Name \_\_\_\_\_

School/Daycare Address \_\_\_\_\_

School/Daycare Phone Number \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

DOB \_\_\_\_\_ City, County, and State of Birth \_\_\_\_\_

SSN: \_\_\_\_\_ School/Daycare Name \_\_\_\_\_

School/Daycare Address \_\_\_\_\_

School/Daycare Phone Number \_\_\_\_\_

Who pays child support, if any? \_\_\_\_\_

Amount per month? \_\_\_\_\_

Is Obligor behind in payments? \_\_\_\_\_ How much? \_\_\_\_\_

If so, list the reason(s) if known: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who has custody of the child(ren)? \_\_\_\_\_

What type of visitation does the non-custodial parent have, if any? \_\_\_\_\_

Do you or they exercise this visitation regularly? \_\_\_\_\_

If not, list the reason(s): \_\_\_\_\_

What is the nature of this current lawsuit? \_\_\_\_\_

\_\_\_\_\_  
Name of person filing out this form (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date