

SMITH WATTS & ASSOCIATES, LLC

DATE: _____

COUNTY OF ACTION: _____

CLIENT'S INFORMATION

FULL NAME: _____

Cell Phone #: _____

Address: _____

Email Address: _____

City/State/Zip: _____

Phone #: _____

Date of Birth: _____

House

Work

State & County of Birth: _____

SSN: _____

Cell Phone

Driver's License #: _____

Race: _____

Employer: _____

Weekly Income: \$ _____

Employer's Address: _____

OTHER PARTY'S INFORMATION

FULL NAME: _____

Cell Phone #: _____

Address: _____

Email Address: _____

City/State/Zip: _____

Phone #: _____

Date of Birth: _____

House

Work

State & County of Birth: _____

SSN: _____

Cell Phone

Driver's License #: _____

Race: _____

Employer: _____

Weekly Income: \$ _____

Employer's Address: _____

REASON FOR VISIT: Check either Child Support or Contempt/RTSC

CHILD SUPPORT _____

ARE YOU: PAYOR _____ or RECIPIENT _____

If Payor: Are you behind? _____ If Yes, How much do you owe? \$ _____

NAME OF CHILDREN

DATE OF BIRTH

STATE & COUNTY OF BIRTH

NAME OF CHILDREN	DATE OF BIRTH	STATE & COUNTY OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTEMPT/RULE TO SHOW CAUSE _____

EXPLAIN WHY YOU/OTHER PARTY IS IN VIOLATION OF PREVIOUS COURT ORDER AND STATE WHAT ACTION YOU WOULD LIKE TO TAKE:
