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**Request for Order Workbook**

- Please read the instructions carefully and answer each question according to the instructions.
- If a question is optional and/or does not apply to your situation, you must write "NA" or draw a line above the answer blank.
- **Please print legibly in black or blue ink.** Only your written answers will be typed into the documents.
- Answers that go beyond the scope of the workbook will not be typed and may cause delays.
- Changes requested after your documents have been typed and prepared may result in additional charges.

**I NEED A HEARING FOR:**

NEW ORDER  
CHANGE ORDER  
OTHER \_\_\_\_\_

FOR ; *child support, child custody/visitation, spousal support*

**Attach a copy of a document from your current case (showing case information)**

I NEED TEMPORARY ORDERS BEFORE THE HEARING

1. YOUR NAME \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

Phone # ( ) \_\_\_\_\_

(Were you the Petitioner OR Respondent?)

2. OTHER PARTY'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

Phone # ( ) \_\_\_\_\_

3. Relationship - { } married { } divorced { } unmarried parents Has paternity been established in the court  YES  NO - ( If YES, please explain where & when)

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

4. Case No. \_\_\_\_\_

Date of Dissolution / Paternity \_\_\_\_\_ County of Filing \_\_\_\_\_

(Include court branch) \_\_\_\_\_

STORE: \_\_\_\_\_  
I have reviewed this page for clarity and legibility with the customer.

CUSTOMER: \_\_\_\_\_  
The above answers were provided by me and I did not receive any legal advice from THE DOCUMENT SPECIALISTS personnel in completing my forms.

5. Did an attorney assist you with this case (is there an attorney currently on record)?

Yes \_\_\_\_ No \_\_\_\_

6. If you answered yes to question 5, has a Substitution of Attorney been filed with the court?

Yes \_\_\_\_ No \_\_\_\_.

7. If you answered no to question 6, would you like to proceed without filing a Substitution of Attorney because you've determined that it is not necessary?

Yes \_\_\_\_ No \_\_\_\_.

8. If you answered no to question 7, you should seek further assistance before proceeding.

If you are modifying current Orders, attach a copy of the latest court order.

9. Date of last order \_\_\_\_\_, year: \_\_\_\_\_

**Please describe the CURRENT ORDERS:**

Child Support Order \$ \_\_\_\_\_

Spousal Support Order \$ \_\_\_\_\_

Custody/Visitation Order:

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

10. CHILDREN OF THIS RELATIONSHIP

NAME	AGE	SEX	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

STORE: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_

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Do you want to modify the custody/visitation arrangement ?  YES  NO

(If yes, describe NEW arrangement)

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Enter amount of support you are requesting:

Child Support:

From: \$ \_\_\_\_\_ per month To: \$ \_\_\_\_\_ per month

Spousal Support:

From: \$ \_\_\_\_\_ per month To: \$ \_\_\_\_\_ per month

Is the child support taken out of your wages now?  YES  NO

Are payments made to a District Attorney

YES  NO If yes, what county \_\_\_\_\_

Are you or your ex receiving public assistance for the children

YES  NO If yes, amount received \$ \_\_\_\_\_

Name of person receiving public assistance \_\_\_\_\_

**PLEASE WRITE WHAT YOU WANT FROM THIS HEARING and WHY YOU SHOULD GET WHAT YOU WANT**

(Use black ink and print clearly)

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**\* \* \* Please return this workbook along with income & expense workbook if financial support is an issue for this hearing - Also include three of your most recent pay stubs - You will need to bring your last year's federal and state income tax returns to the hearing \* \* \***

STORE: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_

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