

**Law Office of Melissa D. Rowcliffe, PC**  
**POST DECREE ENFORCEMENT INFORMATION**

Date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CLIENT:**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. How long have you lived at this address? \_\_\_\_\_
4. **What county do you currently live in?** \_\_\_\_\_
5. Employment: \_\_\_\_\_
6. Social Security No: \_\_\_\_\_ DL No. \_\_\_\_\_
7. Date of Birth: \_\_\_\_\_
8. Other address & telephone number where you can be reached: \_\_\_\_\_  
\_\_\_\_\_

**EX-SPOUSE:**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. How long have they lived at this address? \_\_\_\_\_
4. County: \_\_\_\_\_
5. Employment: \_\_\_\_\_
6. Social Security No: \_\_\_\_\_ DL No. \_\_\_\_\_
7. Date of Birth: \_\_\_\_\_
8. Is he/she represented by an attorney? (\_\_\_) YES or (\_\_\_) NO

If yes, please list the name, telephone number, & address of the attorney.

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

**CHILDREN OF THE MARRIAGE:**

<u>NAME</u>	<u>GENDER</u>	<u>PLACE OF BIRTH</u> (City, County, State)	<u>DOB</u>	<u>RESIDING WITH</u> (Mother or Father)
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

How are the children currently insured (Health Insurance)?

\_\_\_\_\_

**EXPLAIN SITUATION:**

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

Has there ever been a custody fight regarding the children? (\_\_\_) YES (\_\_\_) NO

Have you ever been to an attorney before regarding this situation? (\_\_\_) YES (\_\_\_) NO

If yes, please list name & telephone number of attorney. \_\_\_\_\_

\_\_\_\_\_