

CONTEMPT INFORMATION SHEET

DATE: _____

1. NAME: _____
 First Middle Maiden Married

2. ADDRESS (Street & Mailing):

City County State Zip

3. HOME PHONE: _____ BUS.PHONE: _____

OTHER PHONE: _____

4. RESIDENTS IN YOUR HOUSEHOLD:

NAME (First, Middle, Last)	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

5. STATISTICAL INFORMATION:
- A) Self:
1. Date of Birth: _____
 2. Place of Birth: _____
 3. Social Security Number: _____
 4. Education: _____
- B) Person in Contempt:
1. Date of Birth: _____
 2. Place of Birth: _____
 3. Social Security Number: _____
 4. Education: _____

6. List the specific acts that are required in your Divorce Agreement, or Divorce Decree, or other court order that the other party has failed to do or it is alleged you failed to do:

Child Support:

Medical bills:

Other:

7. If there have been prior proceedings, concerning custody of the children, please list 1.) the date; 2.) type of action/case; 3.) county of such action, 4.) the present status of such action:

8. List witnesses who will testify for you:

NAME	ADDRESS (HOME/WORK)	TELEPHONE
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NAME	ADDRESS (HOME/WORK)	TELEPHONE
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NAME	ADDRESS (HOME/WORK)	TELEPHONE
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A CONSULTATION WITH TIFFANY JONES ELLENBERG, PC DOES NOT CREATE AN ATTORNEY-CLIENT RELATIONSHIP. TIFFANY JONES ELLENBERG, PC DOES NOT REPRESENT YOU OR ANY OTHER PARTY UNTIL A SEPARATE CONTRACT IS SIGNED AND THE PAYMENT TERMS ARE AGREED UPON AND COMPLIED WITH.

Signature

Today's date