



PHX (602) 864-7291
MESA (480) 835-0300

QUESTIONNAIRE for Expedited Enforcement Action
EXISTING CASE #

APPT _____
PREP _____
INTV _____ TOTL _____
PROM _____ @ _____

HOW DID YOU FIRST HEAR ABOUT US? (PLEASE SELECT ONE)

- Yellow Pages, Radio Station, TV Commercial, etc. list of 12 options with checkboxes.

HAVE YOU VISITED OUR WEBSITE? (WWW.DIVORCESTORE.COM) YES NO

YOUR FULL NAME: FIRST MIDDLE LAST

Home Phone No. () Work Phone No. ()

Address: City State Zip

Social Security No.: Age: Date of Birth:

OTHER PARTY'S FULL NAME: FIRST MIDDLE LAST

Home Phone No. () Work Phone No. ()

Address: City State Zip

Social Security No.: Age: Date of Birth:

I wish to file an Expedited Enforcement Action for:

- Non-payment of CHILD SUPPORT, SPOUSAL MAINTENANCE, Failure to Provide HEALTH INSURANCE, Failure to Obey VISITATION ORDERS

What does the Court Order? (Please include a copy of the Court Order)

Blank lines for providing the Court Order details.

How is the other party in violation of the Court Order?

Blank lines for describing the violation of the Court Order.

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Client Signature

Date

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