

CLIENT INFORMATION SHEET

Date _____

Please circle: **Adoption** **CPS** **Custody** **Divorce** **Modification**

Full Name: _____ Maiden Name: _____

Social Security No. _____ Driver's License No: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County you live in: _____

How long have you lived in the above county? _____

Home Phone Number: (____) _____ - _____ Ok to call

Home? _____

Work Phone Number: (____) _____ - _____ Ok to call

Work? _____

Cell Phone Number: (____) _____ - _____ Ok to call

Cell? _____

Email Address: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

MARRIAGE INFORMATION:

Date of Marriage (Month / Day / Year) : _____

Place Of Marriage (City / State) : _____

Last recent date of separation (Month / Date / Year) : _____

Please Circle Info for: **SPOUSE** **CHILDREN'S FATHER** **CHILDREN'S MOTHER**

Full Name : _____ Maiden Name _____

Social Security No. _____ Driver's License No. _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home/Cell Phone No.: (____) _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number :(_____) _____ - _____

Salary: _____ How often is salary paid? _____

ALTERNATE CLIENT CONTACT: (Friend/relative that can get you a message.)

Name: _____ Phone: _____

CHILDREN UNDER 18: (Pertaining to this case)

1. Full name of child: _____ Sex: _____
Date of Birth: _____ Place of Birth: _____
Age: _____ Social Security No.: _____ DL# _____

2. Full name of child: _____ Sex: _____
Date of Birth: _____ Place of Birth: _____
Age: _____ Social Security No.: _____ DL# _____

3. Full name of child: _____ Sex: _____
Date of Birth: _____ Place of Birth: _____
Age: _____ Social Security No.: _____ DL# _____

4. Full name of child: _____ Sex: _____
Date of Birth: _____ Place of
Birth: _____
Age: _____ Social Security No.: _____ DL# _____

Where are the children living now? _____

Have the children ever been involved in any other lawsuit? _____

HEALTH INSURANCE:

Do you or your spouse carry health insurance on each other? _____ If you have children, who carries the health insurance covering the children? _____

What is the name of the health insurance company? _____

(The following information pertains to Divorce):

GENERAL INFORMATION:

Have you filed for divorce before? _____ When? _____

Are you or your spouse pregnant? _____ If yes, due date: _____

Do you want your last name changed? _____

If yes, please fill in exact name change: _____

HOUSE:

Do you own a house or other real estate? _____

RETIREMENT BENEFITS:

Do you or your spouse have a retirement plan, profit-sharing, 401K, or other similar benefits at your respective employers?

Husband - _____

Wife - _____

VEHICLES:

Husbands Vehicle - Make _____ Model _____ Year _____

Wife's Vehicle - Make _____ Model _____ Year _____

***How did you hear about our firm? _____