

CONFIDENTIAL FAMILY LAW CLIENT INFORMATION FORM

Please fill out completely

Were you referred to us? YES NO If yes, by whom? _____

If no, how did you find us? _____

Name of any other attorney that you have retained: _____

Name of other party's attorney: _____

Reason for contacting an attorney : _____

CLIENT

OTHER PARTY

Full Legal Name:

Full Legal Name:

Address:

Address:

City, State:

City, State:

Zip, County:

Zip, County:

Phone (Home):

Phone:

Phone (Work):

Date of Birth:

Phone (Other):

SSN:

Date of Birth:

No. of Marriages:

SSN:

Maiden Name:

No. of Marriages:

Employer: How long?

Maiden Name:

Employer Address:

Employer: How long?

Gross Monthly Income:

Employer Address:

Vehicle (year, make, model):

Gross Monthly Income:

Vehicle (year, make, model):

E-Mail Address: _____

FOR DIVORCE ONLY:

Date of Marriage: _____ City/State: _____ County: _____

Date of Separation: _____

Do you own any joint property? YES NO If yes, please specify: _____

Have you ever/currently served in a branch of the military? YES NO

If yes, how many years? Current Status (Active, Retired, etc...):

Has other party ever/ currently served in the military? YES NO

If yes, how many years? Current Status (Active, Retired, etc...):

Have you or current spouse ever been convicted of a **FELONY**? YES NO

Have you or current spouse ever been convicted of a **MISDEMEANOR**? YES NO

Have there been any prior court cases between you and the other party? YES NO

If yes, give dates, counties and results:

Do you have any **minor** children **other than** with Other Party? YES NO

If yes, how many? Name(s) & DOB(s):

Does Other Party have any other **minor** children? YES NO

If yes, how many? Name(s) & DOB(s):

Have you, current spouse, or Other Party ever declared bankruptcy? YES NO

Are you a victim of Domestic Violence? YES NO

Are there any Police Reports that pertain to your case? YES NO

Do you wish to have your name changed back to your maiden name? YES NO

Names, Dates of Birth & Social Security No. of Children

NAME DATE OF BIRTH SSN

- 1.
- 2.
- 3.
- 4.

Day Care Expenses (Weekly) In-School: _____ Out-of-School: _____

Do you have a webpage, MySpace, or Facebook page? YES NO

If yes, please specify? _____

If so, we will ask you to provide a link to your attorney by email. Please understand that insurance companies and defense lawyers now search for such pages looking for evidence to use against you in your case. Depending on the content of your page, the Attorneys may ask you to alter or shut down the page until your case is over.