

CLIENT INFORMATION SHEET
DIVORCE WITH CHILD(REN)

OFFICE USE ONLY:

QUOTED RETAINER

DATE OF OFFICE APT.

HOW DID YOU HEAR ABOUT US?

WEB SITE

FACEBOOK

PRINT AD

YELLOW
PAGES

REFERRAL

OTHER (Please explain)

HUSBAND INFORMATION

NAME: _____
 FIRST MIDDLE LAST

ADDRESS _____
 ADDRESS CITY STATE ZIP CODE

TELEPHONE _____, CELL _____

EMAIL _____

EMPLOYER: _____

ADDRESS _____
 ADDRESS CITY STATE ZIP CODE

TELEPHONE _____

TYPE OF WORK _____

GROSS WEEKLY INCOME _____ NET _____

OTHER INCOME _____

COUNTY RESIDING IN _____

LENGTH OF RESIDENCE IN STATE _____

DRIVER'S LICENSE # _____

DATE OF BIRTH ____/____/____

PLACE OF BIRTH _____,
CITY STATE

NO. OF MARRIAGE: FIRST, SECOND, THIRD, FOURTH, (*CIRCLE ONE*)

EDUCATION: _____

SOCIAL SECURITY NUMBER _____

WIFE INFORMATION

NAME: _____
FIRST MIDDLE LAST

ADDRESS _____
ADDRESS CITY STATE ZIP CODE

TELEPHONE _____, CELL _____

EMAIL _____

EMPLOYER: _____

ADDRESS _____
ADDRESS CITY STATE ZIP CODE

TELEPHONE _____

TYPE OF WORK _____

GROSS WEEKLY INCOME _____ NET _____

OTHER INCOME _____

COUNTY RESIDING IN _____

LENGTH OF RESIDENCE IN STATE _____

DRIVER'S LICENSE # _____

MAIDEN NAME _____ DATE OF BIRTH ____/____/____

PLACE OF BIRTH _____,
CITY STATE

NO. OF MARRIAGE: FIRST, SECOND, THIRD, FOURTH
(CIRCLE ONE)

EDUCATION: _____

SOCIAL SECURITY NUMBER _____

GENERAL INFORMATION

DATE OF MARRIAGE _____

BY WHOM MARRIED: PRIEST, MINISTER, JUSTICE OF THE PEACE (CIRCLE ONE)

LOCATION OF MARRIAGE CITY, COUNTY, STATE _____

DATE OF SEPARATION _____

PREVIOUS DIVORCE(S) OF EITHER PARTY

WHICH PARTY	LOCATION CITY & STATE	DATE OF DIVORCE
_____	_____	_____
_____	_____	_____

HUSBAND

WIFE

EYE COLOR _____

HAIR COLOR _____

HEIGHT _____

WEIGHT _____

SCARS/TATTOOS _____

RACE _____

CHILDREN

NAME <i>(FIRST, MIDDLE AND LAST)</i>	BIRTHDATE	SCHOOL & GRADE	SOCIAL SECURITY NUMBER
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WHOM CHILDREN RESIDING WITH _____

ANY OTHER MINOR CHILDREN OF EITHER PARTY:

NAME <i>(FIRST, MIDDLE AND LAST)</i>	BIRTHDATE	RESIDENTIAL ADDRESS	WHOSE CHILD
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HEALTH INSURANCE INFORMATION FOR CHILD(REN)

NAME OF CHILD(REN) _____

NAME OF POLICY HOLDER _____

NAME OF INSURANCE CO/HMO _____

POLICY/CERTIFICATE/CONTRACT NO. _____

OTHER INSURANCE:

NAME OF CHILD(REN) _____

NAME OF POLICY HOLDER _____

NAME OF INSURANCE CO/HMO _____

POLICY/CERTIFICATE/CONTRACT NO. _____

PLEASE LIST THE ADDRESSES THE CHILDREN HAVE RESIDED IN THE PAST FIVE (5) YEARS:

ADDRESS _____

FROM _____ TO _____ WITH _____

ADDRESS _____

FROM _____ TO _____ WITH _____

ASSETS, DEBTS & EXPENSES

HOME:

COST WHEN BOUGHT BALANCE DUE

AMT. OF PAYMENT COST OF IMPROVEMENT PRESENT VALUE

OWNED IN WHOSE NAME

OTHER REAL ESTATE:

LOCATION COST WHEN BOUGHT

BALANCE DUE AMT. OF PAYMENT COST OF IMPROVEMENT

PRESENT VALUE OWNED IN WHOSE NAME

VEHICLES:

<u>YEAR</u>	<u>YEAR</u>	<u>YEAR</u>	<u>YEAR</u>
<u>MODEL</u>	<u>MODEL</u>	<u>MODEL</u>	<u>MODEL</u>
<u>PRESENT VALUE</u>	<u>PRESENT VALUE</u>	<u>PRESENT VALUE</u>	<u>PRESENT VALUE</u>
<u>BALANCE DUE</u>	<u>BALANCE DUE</u>	<u>BALANCE DUE</u>	<u>BALANCE DUE</u>

OTHER ASSETS: (DESCRIBE)

DEBTS: (INCLUDE CREDIT CARD DEBT)

AMOUNT	TO WHOM	FOR WHAT	PAYMENT AMT.
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BANK ACCOUNTS:

AMT.	TYPE OF ACCOUNT	BANK NAME	NAME ON ACCOUNT
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STOCKS:

COMPANY NO. OF SHARES VALUE TOTAL WHOSE NAME

BONDS:

TYPE VALUE TOTAL WHOSE NAME

LIFE INSURANCE:

COMPANY TYPE BENEFICIARY FACE VALUE CASH VALUE

OTHER TYPES OF INSURANCE AND PREMIUMS PAID:

HAS EITHER PARTY APPLIED FOR OR ARE RECEIVING PUBLIC ASSISTANCE? IF YES,

WHO IS RECEIVING TYPE OF ASSISTANCE CASE #
(BRIDGE CARD, MEDICAID ETC)

IMPORTANT

IF YOU DO NOT WISH TO HAVE ANY MAIL SENT TO YOUR ADDRESS SIGN HERE:

PRINT NAME

DATE

WE NEED AN ALTERNATE ADDRESS IN THE MEANTIME (I.E. FAMILY MEMBER OR WORK) PLEASE PROVIDE:
