

Date: _____

Attorney: _____

NEW CLIENT INFORMATION SHEET

Divorce

Your Information

Name: _____ Age: _____
First Middle Last Maiden

Birthdate: _____ Place of birth: _____ Social Security No.: XXX-XX-_____

Driver License No.: XXXX _____ County of residence: _____ How long? _____
(last 4 only & state)

Address: _____

Cell #: _____ Home #: _____

Email: _____

If mailing address is different: _____

Preferred communication method: () Mail () Cell # () Home # () Work # () Email

Employer: _____ Work #: _____

Address: _____

Monthly gross income: _____ Monthly net income: _____

Do you want a name change and if so, changed to: _____

Who may we contact if we are unable to reach you?

Name: _____ Phone #: _____

How did you hear about us? _____

Marriage Information

Date of marriage: _____ Place of marriage: _____

Date of separation: _____ Number of children together: _____

Property:

Car Year, Make, Model: _____ Main driver: _____ Name on title: _____

Car Year, Make, Model: _____ Main driver: _____ Name on title: _____

House: () Renting () Buying

Retirement: () Yes () No

Spouse's Information

Name: _____ Age: _____
First Middle Last Maiden

Birthdate: _____ Place of birth: _____

Social Security No.: XXX-XX- _____ Driver License No.: XXXX _____
(last 4 only & state)

Address: _____
Street City State Zip

Cell #: _____ Home #: _____

Email: _____

Employer: _____

Address: _____
Street City State Zip

Monthly gross income: _____ Monthly net income: _____

Does your spouse have an attorney and if so, whom? _____

Information for Minor Child(ren)

Name: _____ Birthdate: _____ Age: _____

Social Security No.: XXX-XX- _____ Sex: _____ Place of birth: _____

Child lives with: () Mom () Dad () Both () Other: _____

Name: _____ Birthdate: _____ Age: _____

Social Security No.: XXX-XX- _____ Sex: _____ Place of birth: _____

Child lives with: () Mom () Dad () Both () Other: _____

Name: _____ Birthdate: _____ Age: _____

Social Security No.: XXX-XX- _____ Sex: _____ Place of birth: _____

Child lives with: () Mom () Dad () Both () Other: _____

Name: _____ Birthdate: _____ Age: _____

Social Security No.: XXX-XX- _____ Sex: _____ Place of birth: _____

Child lives with: () Mom () Dad () Both () Other: _____