

CLIENT INFORMATION SHEET

(Divorce)

DATE: _____

1. Client: _____
FULL LEGAL NAME - First Middle Last

Maiden Name: _____

Current Address: _____

Do you wish to receive your mail at your current address? YES or NO. If no, please put the address where you want your mail to be sent below.

Mailing Address: _____

Home Phone: _____

Work Phone: _____

FAX Number: _____

Cell Phone: _____

E-Mail Address: _____

Social Security No.: _____

Driver's License No.: _____

DOB: _____ Age: _____ Race: _____

Place of Birth-City, State: _____

County you reside in: _____

How long have you lived in that county? _____

Employer Name and Address: _____

Automobile (Make & Model): _____

Name & Address of Lender: _____

2. Spouse: _____

FULL LEGAL NAME - First Middle Last

Maiden Name: _____

Current Address: _____

Home Phone: _____

Work Phone: _____

FAX Number: _____

Cell Phone: _____

Social Security No.: _____

Driver's License No.: _____

DOB: _____ Age: _____ Race: _____

Height/Weight/Hair Clr/Eye Clr: _____

Place of Birth - City, State: _____

County spouse resides in: _____

How long has he/she lived in that county? _____

Employer Name and Address: _____

Automobile (Make & Model): _____

Name & Address of Lender: _____

3. Date of Marriage: _____ Date of Separation: _____

Place of Marriage - City, State: _____

4. Opposing Counsel's Name and Address: _____

5. Child's name: _____

FULL LEGAL NAME - First Middle Last

Sex: _____ Birth Date: _____

City of Birth: _____ County of Birth: _____ State of Birth: _____

Social Security No.: _____ Child is living with: _____

6. Child's name: _____

FULL LEGAL NAME - First Middle Last

Sex: _____ Birth Date: _____

City of Birth: _____ County of Birth: _____ State of Birth: _____

Social Security No.: _____ Child is living with: _____

7. Child's name: _____
FULL LEGAL NAME - First Middle Last

Sex: _____ Birth Date: _____

City of Birth: _____ County of Birth: _____ State of Birth: _____

Social Security No.: _____ Child is living with: _____

8. Child's name: _____
FULL LEGAL NAME - First Middle Last

Sex: _____ Birth Date: _____

City of Birth: _____ County of Birth: _____ State of Birth: _____

Social Security No.: _____ Child is living with: _____

9. Do you wish to have your maiden name restored?: _____

10. On occasion, the firm may transmit a word processing document by attaching it to an e-mail to you. If you have a safe place for accessing e-mail, what format do you prefer receiving such documents? WordPerfect or Word