

CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____

CLIENT INFORMATION

Your Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ You have lived at current address since: _____

Home Phone: _____ Home Facsimile No: _____

Cell Phone No: _____ Pager/Beeper No: _____

E-mail Address: _____

Soc. Sec. No: _____ Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

Maiden name: _____

Do you want a name change: _____

Other names you have been known by: _____

What is the best way to contact you? _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

How long have you worked at this employer? _____

Position: _____ Salary/Earnings: \$ _____

Name of Emergency Contact, and Relation to You: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Date and Place of Marriage: _____

Date of Separation: _____

Nature of case / reason for seeking consultation with our office: _____

How did you hear about our office? _____

OTHER PARTY INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Other party has lived at this address since: _____

Home Phone: _____ Home Facsimile No: _____

Cell Phone No: _____ Pager/Beeper No: _____

E-mail Address: _____

Soc. Sec. No.: _____ Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

Other names this person has been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

How long has other party worked at this employer? _____

Position: _____ Salary/Earnings: \$ _____

Is other party represented by an ATTORNEY in this matter? Yes No

CHILDREN

First Child: Name: _____

Date of Birth: _____ Soc.Sec.No.: _____

Sex: _____

Place of Birth: _____

Second child: Name: _____

Date of Birth: _____ Soc.Sec.No.: _____

Sex: _____

Place of Birth: _____

Third child: Name: _____

Date of Birth: _____ Soc.Sec.No.: _____

Sex: _____

Place of Birth: _____

Where are the children living now, and with whom? _____