

FAMILY LAW CLIENT INFORMATION SHEET DATE: ___/___/___ ATTORNEY INITIALS

Name:		Maiden:	
Address (street, city, state):			
Send Mail to:			
Date of Birth:		Place of Birth:	
Home No:		Fax:	
Work No:		E-Mail Address:	
Mobile No:		SSN:	
Referred By (Please circle and fill in all that apply):			
Attorney (name)		Former Client (name)	
Friend (name)		Internet (source)	
Phone Book	Advertisement	Other (Describe)	
Family Law Information			
Date of Marriage or Divorce:		Place of Marriage or Divorce:	
Children (Names & Date of Birth)			
Your Information			
Employer:			
Address:			
Position:		Gross/Year:	
Were you formerly married? YES NO (circle one)		Children from prior marriage:	
Date Prior Marriage(s) Ended:		Highest Level of Education:	
Spouse's/Other Parent's Information			
Party's Name:		Maiden (if applicable):	
Address:		Phone:	
Date of Birth:		Place of Birth:	
SSN:		Date of Separation/Left Residence:	
Employer:			
Address:			
Position:		Gross/Year:	
formerly married? YES NO (circle one)		Children from prior marriage:	
Date Prior Marriage(s) Ended:		Highest Level of Education:	
Party's Attorney:			

For Attorney's Use Only

Pending actions:	
Grounds:	Irrec/Diff Mental Cruelty Other:
Status:	Informational Hold File & Serve ASAP File and Serve on:
Retainer amount: \$_____	Paid: Yes No Due \$_____ <input type="checkbox"/> DRIVER'S LICENSE
Client referred by:	
Documents sent to client:	<input type="checkbox"/> Legal Service Agreement <input type="checkbox"/> Comprehensive Financial Statement <input type="checkbox"/> Affidavit of Income and Expenses <input type="checkbox"/> Budget Affidavit <input type="checkbox"/> Other <input type="checkbox"/> Interrogatories <input type="checkbox"/> Notice to Produce <input type="checkbox"/> Motion to Compel