

CLIENT INFORMATION SHEET

Briefly state the reason for coming in: _____

Referred By: _____

Today's Date: _____

Full Name: _____

Driver's License #: _____

Address: _____

Birth Date: _____ SSN: _____

City: _____ State: _____ Zip: _____

Birth Place:(City) _____ (County) _____ (State) _____

County: _____ Cell Phone: _____

Race: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Best Email: _____

OPPOSING PARTY:

Full Name: _____

Driver's License #: _____

Address: _____

Birth Date: _____ SSN: _____

City: _____ State: _____ Zip: _____

Birth Place:(City) _____ (County) _____ (State) _____

County: _____ Cell Phone: _____

Race: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____

MINOR CHILDREN OF THIS RELATIONSHIP

Full Name: _____

Birth Date: _____ Age _____ Sex: _____

Social Security No.: _____

Birth Place: (City) _____ (County) _____ (State) _____

Full Name: _____

Birth Date: _____ Age _____ Sex: _____

Social Security No.: _____

Birth Place: (City) _____ (County) _____ (State) _____

Full Name: _____

Birth Date: _____ Age _____ Sex: _____

Social Security No.: _____

Birth Place: (City) _____ (County) _____ (State) _____

REQUESTED CUSTODY/VISITATION WITH CHILDREN:

Mother Primary _____ Father Primary _____

Standard Visitation _____ Expanded Standard Visitation _____ 50/50 Visitation _____

Current Visitation Schedule: _____

Restrict Child's Residence: Yes ___ No ___

Child's Health Insurance Carrier: _____ Monthly Cost: _____

OTHER CHILDREN LIVING WITH YOU

Name: _____ Date of birth: _____ Age _____ Sex: _____

Name: _____ Date of birth: _____ Age _____ Sex: _____

OTHER NOTES

FOR ATTORNEY USE ONLY:

Temp Orders: _____ TRO: _____ Temp. Child Support: _____

Spousal Support: _____ House: _____ Waiver: Y N Service of Citation Y N

Notes: _____

Per Hour \$ _____ Attorney Fees \$ _____ Approx. Court Costs _____

Payment Terms _____