

DIVORCE CLIENT INFORMATION SHEET

Referred by OR how did you hear about us? _____

Today's Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County _____ Home Phone _____

Cell Phone: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ ok to receive calls _____

Best Email: _____

Driver's License #: Last 3 numbers only _____

Social Security No: Last 3 numbers only _____

Birth Date: _____

Maiden Name: _____

Restore Maiden Name: No _____ Yes _____

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

Race: _____

Marriage Date: _____ Separation Date: _____

Have you been served with papers? No _____ Yes _____

Marriage Place: (City) _____ (State) _____

OPPOSING PARTY: (Wife or Husband)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Cell Phone: _____

Employer: _____

Address: _____

City: _____ State: _____ Phone: _____

Driver's License#: Last 3 numbers only _____

Birth Date: _____

Social Security No: Last 3 numbers only _____

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

Race: _____

Maiden Name: _____

Restore Maiden Name: No _____ Yes _____

MINOR CHILDREN OF THIS MARRIAGE

Full Name: _____

Social Security No.: Last 3 only _____

Full Name: _____

Social Security No.: Last 3 only _____

Full Name: _____

Social Security No.: Last 3 only _____

Birth Date: _____ Age _____ Sex: _____

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

Birth Date: _____ Age _____ Sex: _____

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

Birth Date: _____ Age _____ Sex: _____

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: _____

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

PROPERTY INFORMATION

Husband's Vehicle: _____ Lender: _____

Wife's Vehicle: _____ Lender: _____

Real Estate: _____

Personal Property (boats, motorcycles, guns, etc): _____

Separate Property: (heirlooms, anything before marriage) _____

Please list any Stocks, bonds 401 K's or other financial investments accumulated during marriage:

Spouse's: _____ Yours: _____

FOR ATTORNEY USE ONLY:

Divorce: _____ 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 _____