

CLIENT INFORMATION SHEET – PLEASE PRINT

*****Please make sure this form is complete and that the information is accurate. Information obtained from this sheet is used in compiling official court pleadings. If any of the information provided herein changes at any time during our representation of you, it is important that you notify us immediately of such changes in order that we may promptly update our records. Your mail from this office will be sent to the mailing address you provide; therefore, please make sure this is an address at which you can receive confidential mailings. If you do not wish to be contacted at one of the telephone numbers requested, or if there are special instructions such as “call first before faxing”, please indicate this on this form.

DATE: _____

	CLIENT	SPOUSE
FULL LEGAL NAME		
MAILING ADDRESS		
CITY/STATE/ZIP		
Residential Address		
City/State/Zip		
County of Residence		
Home Phone Number		
Work Phone Number		
Cell Phone Number		
Pager Number		
Fax Number		
Email Address		
Employer		
Position		
Employer Address (city, state and zip)		
Highest Education Level	High School/College/Graduate	High School/College/Graduate
Date of Birth		
Place of Birth		
Social Security Number		
Number of Previous Marriages		
Previous Marriage Ended By		

Wife's Maiden Name		If applicable, do you wish to be restored to your maiden name? YES NO
Date of Marriage		
Location of Marriage (County and State)		
Date of Separation		

As it relates to any children born of this marriage, please state the following:

First Name	Middle Name	Date of Birth	Grade	Social Security Number
First Name	Middle Name	Date of Birth	Grade	Social Security Number
First Name	Middle Name	Date of Birth	Grade	Social Security Number
First Name	Middle Name	Date of Birth	Grade	Social Security Number