

DOMESTIC CASE PROSPECTIVE CLIENT INFORMATION SHEET

YOUR FULL LEGAL NAME: _____ DATE: _____

HOME PHONE # (do not list if you do not want us to call) _____

CELL PHONE #: _____ OTHER PHONE #: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY #: _____ BIRTHDATE: _____

PREFERRED MAILING ADDRESS:

COUNTY OF RESIDENCE: _____ HOW LONG? _____

NAME OF YOUR EMPLOYER: _____

TITLE/POSITION: _____

EMPLOYER ADDRESS: _____

HOW WERE YOU REFERRED TO OUR OFFICE?

(phonebook, website, internet, word of mouth, other):

List all that apply: _____

Was there a specific person or business who referred you that we may thank?

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1. Full Legal Name of Other Party/Spouse: _____
Nicknames: _____

2. Special Instructions Regarding Communication (Voicemail Messages, Emails, Phone Calls, etc.)

3. Check Type of relationship:
 Boyfriend/Girlfriend/Dating, Married, Ex-Spouse Past Relationship

4. Date of Marriage: _____ Place of Marriage: _____

5. Are you currently living with the opposing party or your spouse? _____
If no, who left the residence/marital home and specific Date of Separation? _____

6. Your Residence: _____ County _____ State _____ Years

7. Where does your spouse/other party presently reside and for how long:
_____ County _____ State _____ Years

8. Your Date & Place of Birth: _____ Age: _____

9. Other Party/Spouse's Date of Birth: _____ Age: _____

10. If Applicable, Other Party/Spouse's Attorney: _____

11. Is there, or has there been litigation between you and your Spouse/Opposing Party?
If Yes, Please Explain:

12. List any and all States and/or Countries in which you and the other party/spouse have lived during your relationship/marriage: _____

13. Date Relationship with the other party began: _____

Date relationship ended: _____

What is the Reason relationship ended:

14. If married, is this your only Marriage? _____ If not, name of prior spouse(s) and State and County of Divorce: _____

15. Is this the other party's only Marriage? _____

If no, name of other party's prior spouse(s) _____

County/State of Divorce: _____

16. Name of Your Health Insurance provider/Plan (ex: Cigna/Blue Cross & Blue Shield)?

Number of people covered under this health insurance plan: _____

Is this a Private or Employer insurance plan: _____

How much is the health insurance per month? _____

Who pays for the health insurance? _____

17. Have you or the other party had any major health problems during your marriage/relationship?

If Yes, Please Explain: _____

CHILDREN & CUSTODY

18. State ALL Children Born of this Marriage/Union/Relationship:

<u>Child's Full Name</u>	<u>Date of Birth</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. State the Present Address of the Above Named Child(ren):

20. What School does each child attend? What grade is each child in?

21. What Daycare/After School does each child attend? What is the cost? Which party pays?

22. Do any of the Children have Exceptional Health or Dental Needs?

If Yes, Please Explain:

23. Child(ren) Health Insurance provider/Plan (ex: Cigna/Blue Cross & Blue Shield)?

How much is the health insurance per month? _____

Who pays for the health insurance? _____

24. Who has Physical Custody of the Children? _____

25. Do You Wish to Have Legal Custody of the Children? _____

26. If applicable, Describe the current child custody arrangement:

27. State Any Children NOT Born of This Marriage/Union/Relationship:

<u>Children</u>	<u>Name of Parents & Who Has Custody</u>
<u>Age</u>	
_____	_____
_____	_____
_____	_____
_____	_____

28. Who has custody of the children listed above?

29. If you are seeking a Modification of Child Custody/Child Support Order briefly describe the positive/negative changes in the opposing party as well as your own life that affect the minor child(ren) that have occurred since the entry of the last court Order (ex: Mother got a raise/re-married):

30. What relief are you seeking? If the Court/Judge were to get involved in your matter what would you be asking the Court to do?

EDUCATION

- 25. State your highest level of education: _____
- 26. State your Spouse's/Opposing party's highest level of education: _____

EMPLOYMENT & INCOME

- 27. State your current Employer and Occupation/Job Title:

- 28. State your monthly Income, Annual Salary/Income, Both Gross (before taxes) and Net:

- 29. State Spouse's/opposing party's Current Employer, Occupation (if currently unemployed, then state information for last known employer):

- 30. State Spouse's/Opposing Party's Current Monthly Income, Annual Salary/Income:

- 31. Is either party a current or former member of the military? If so, what branch:

FINANCIAL INFORMATION

32. List Major Marital, Personal Assets, Assets acquired during your relationship (Home, Vehicles, Stocks, Bonds, Savings Accounts, Retirement Accounts, Etc.):

33. List all Major Marital or Personal Debts and Approximate Amount of these Debts:

34. Additional questions you have regarding your case and the legal procedures the attorney will pursue in getting your case resolved:
