

LAW OFFICE OF
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PLEASE FILL OUT COMPLETELY

ATTORNEY/CLIENT COMMUNICATION:
THIS DOCUMENT AND ITS CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION

CLIENT INFORMATION FORM

DATE: _____ REASON FOR CONSULTATION: _____

ATTORNEY: _____ ☐ NEW CLIENT
☐ FORMER CLIENT/NEW
WHERE DID YOU FIND US? _____ MATTER

CLIENT'S **FULL NAME**: _____

MAIDEN NAME: _____ COUNTY: _____

COMPLETE ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER PHONE: _____

EMPLOYER ADDRESS: _____

MOBILE PHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____

CLIENT'S **FULL** SOCIAL SECURITY NO.: _____

CLIENT'S **FULL** DRIVER LICENSE NO.: _____

CLIENT MILITARY STATUS: _____

CLIENT MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced

SPOUSE'S INFORMATION OR OPPOSING PARTY'S NAME

FULL NAME: _____

ADDRESS: _____

FULL SOCIAL SECURITY NO.: _____

SPOUSE'S DL NO.: _____

EMPLOYER: _____ BUSINESS PH: _____

EMPLOYER ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____

MOBILE PHONE: _____ EMAIL: _____

PLACE OF BIRTH: (CITY & STATE) _____

WHERE CAN THIS PERSON BE SERVED AND TIMES: _____

DIVORCE CASES

DATE OF MARRIAGE: _____

CITY & STATE OF MARRIAGE _____

DATE OF SEPARATION: _____

WILL YOU BE WANTING YOUR LAST NAME CHANGED? _____

CHILDREN'S INFORMATION (FOR FAMILY CASES ONLY)

1. NAME: _____ **BIRTHPLACE:** _____

SEX: M or F SSN: _____ DOB: _____

2. NAME: _____ **BIRTHPLACE:** _____

SEX: M or F SSN: _____ DOB: _____

3. NAME: _____ **BIRTHPLACE:** _____

SEX: M or F SSN: _____ DOB: _____

4. NAME: _____ **BIRTHPLACE:** _____

SEX: M or F SSN: _____ DOB: _____

INCOME

CLIENT YEARLY INCOME: _____

OTHER SOURCES OF INCOME: _____

ALTERNATE CONTACT (PERSON WE CAN CONTACT IF WE CANNOT REACH YOU)

NAME: _____

COMPLETE ADDRESS: _____

RESIDENCE PHONE: _____

BUSINESS PHONE: _____

RELATIONSHIP: _____

OPPOSING COUNSEL

NAME: _____

COMPLETE ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

TYPE OF CASE: _____