## **DIVORCE CLIENT INFORMATION SHEET**

Referred by:	
Date of Marriage:	Date of Separation:
PERSONAL INFORMATION:	
Full Name:  Maiden Name:	
Address:	
City:	State: Zip Code:
Home Phone:	Mohile Phone:
Fax Number:	Mobile Phone:
Email Address:	Pager Number:
Social Security No:	Date of Birth:
Place of Birth:	_ Driver's License No
EMPLOYMENT:	
Inh Title:	Length of Employment:
Mork Address	Length of Employment.
Work Phone:	/ we call you at work?
Gross Salary per month or annually:	we can you at work?
Oross Salary per month of annually	
Person we can contest if we cannot rea	ah va
Person we can contact if we cannot rea	
Address:	Phone No.:
Address:	·
SPOUSE:	
Maiden Name:	
Address:	
Address:	Mahila Dhanai
For Number	Mobile Phone:
Fax Number:	Pager Number:
Place of Birth:	_ Date of Birth:
Social Security No:	Driver's License No:
SPOUSE'S EMPLOYMENT	
Employer's Name:	
Job Title:	Length of Employment:
Work Address:	
Work Phone: Gro	ss Salary per month/annually?
Where do you want this party served with	papers?
*Please note that it is very helpful to our proces	ss servers if we have a picture of the adverse party.
CHILD(REN)'S INFORMATION:	
Name:	
Date of Birth:	Place of Birth:
Sex:	Social Security No:

## CHILDREN'S INFORMATION CONTINUED: Name: Date of Birth: Place of Birth: Social Security No:\_\_\_\_ Date of Birth: Place of Birth: Social Security No: Sex: \_\_\_\_\_ CHILD(REN)'S RESIDENCE: Do your children have any special needs? If so, please explain: Do you receive child support?\_\_\_\_\_ If so, how much?\_\_\_\_\_ If so, how much?\_\_\_\_\_ If so, how much?\_\_\_\_\_ Does either party have legal obligations for any other children?\_\_\_\_\_ If so, how many and what are their ages? Please state whether you want custody of children, child support, spousal support. house, car or any other specific property, etc. If you are the wife, do you want your name changed? \_\_\_\_\_ If so, to what name? \_\_\_\_\_ Brief reason for separation (infidelity, abuse etc.): If you have been served with papers, state the date you were served: \_\_\_\_\_ Name of Attorney:\_\_\_\_\_

Phone Number:\_\_\_\_