

**CLIENT INFORMATION FORM**

**INSTRUCTIONS:** Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: \_\_\_\_\_

**CLIENT INFORMATION**

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ You have lived at current address since: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Facsimile No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State/Country of Birth: \_\_\_\_\_

Other names you have been known by: \_\_\_\_\_

How would you like to receive information from our office (mail, email, etc.) \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Facsimile No: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

How long have you worked at this employer? \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Earnings: \$ \_\_\_\_\_

Nature of case / reason for seeking consultation with our office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If this is for a divorce,** please provide the following: date of marriage: \_\_\_\_\_ date of separation: \_\_\_\_\_

Place of marriage: \_\_\_\_\_ Requested name change: \_\_\_\_\_

What property do you own with your spouse: \_\_\_\_\_

\_\_\_\_\_

What debts do you have with your spouse: \_\_\_\_\_

\_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

**OTHER PARTY INFORMATION**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ Other party has lived at this address since: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Facsimile No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Soc. Sec. No.: \_\_\_\_\_  
Driver's License No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ State/Country of Birth: \_\_\_\_\_  
Other names this person has been known by: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Facsimile No: \_\_\_\_\_  
Work E-mail Address: \_\_\_\_\_

How long has other party worked at this employer? \_\_\_\_\_  
Position: \_\_\_\_\_ Salary/Earnings: \$ \_\_\_\_\_

Is other party represented by an ATTORNEY in this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

***If YES, please answer the questions below:***

Name of Attorney/Firm: \_\_\_\_\_  
City where office located: \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate if this or any other attorney has:

Represented other party in other matters (besides this case)?	_____	_____
	Yes	No
Provided advice or other services to you regarding this case?	_____	_____
	Yes	No
Provided advice or other services to you regarding other matters?	_____	_____
	Yes	No
Talked with you in person or by telephone regarding this case?	_____	_____
	Yes	No
Sent a letter or other written communications to you related to this case?	_____	_____
	Yes	No
Served papers (by a sheriff or process server) upon you in this case?	_____	_____
	Yes	No

**CHILDREN**

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Please provide the following:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_ Male/Female

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_ Male/Female

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_ Male/Female

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_ Male/Female