

CONFIDENTIAL CLIENT INFORMATION FORM
(PLEASE WRITE CLEARLY)

TODAY'S DATE: _____ REFERRED BY _____

PLEASE BRIEFLY DESCRIBE THE NATURE OF YOUR LEGAL PROBLEM:

CLIENT NAME: _____

ADDRESS: _____ **COUNTY:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: HOME _____ WORK _____

CELL/CAR _____ PAGER _____ FAX _____ (call first?) Yes No

E-MAIL ADDRESS: _____

Can receive private communication at above e-mail: Yes No

SS#: _____ **DATE OF BIRTH:** _____

EMPLOYER: _____ **DATE OF HIRE:** _____

EMPLOYER'S COMPLETE ADDRESS: _____

GROSS PAY: \$ _____ **NET TAKE-HOME PAY:** \$ _____
(CIRCLE ONE: WEEKLY / BI-WEEKLY / MONTHLY)

RETIREMENT BENEFITS: _____ **MEDICAL INSURANCE:** _____

OTHER PARTY'S NAME: _____

ADDRESS: _____ **COUNTY:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: HOME _____ WORK _____

CELL/CAR _____ PAGER _____

SS#: _____ **DATE OF BIRTH:** _____

EMPLOYER: _____ **DATE OF HIRE:** _____

EMPLOYER'S COMPLETE ADDRESS: _____

GROSS PAY: \$ _____ **NET TAKE-HOME PAY:** \$ _____
(CIRCLE ONE: WEEKLY / BI-WEEKLY / MONTHLY)

RETIREMENT BENEFITS: _____ **MEDICAL INSURANCE:** _____

OPPOSING PARTY'S ATTORNEY'S NAME (IF ANY): _____

FOR ATTORNEY USE ONLY:

Fee Agreement Given: _____ **Financial Declaration Given:** _____

Hourly Rate: \$ _____ **Retainer Quoted:** \$ _____ **Paid:** \$ _____

MARITAL INFORMATION

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

CHILD(REN) OF THIS MARRIAGE (MUST HAVE ALL INFORMATION):

NAME: _____ DOB: _____ SS#: _____ SEX: M F

NAME: _____ DOB: _____ SS#: _____ SEX: M F

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NAME: _____ DOB: _____ SS#: _____ SEX: M F

NAME: _____ DOB: _____ SS#: _____ SEX: M F

NAME: _____ DOB: _____ SS#: _____ SEX: M F

IS THERE A QUESTION AS TO ANY CHILD'S PATERNITY? _____

SPECIAL NEEDS/EMANCIPATION: _____ WEEKLY DAYCARE COSTS: \$ _____

DO EITHER OF YOU HAVE OTHER MINOR CHILDREN NOT OF THIS RELATIONSHIP?

YES _____ NO _____ IF SO, LIST NAME(S), DOB, and SS# FOR EACH CHILD

FOR ALL OTHER OCCUPANTS OF YOUR CURRENT RESIDENCE, PLEASE LIST THEIR NAME(S), DOB, AND SS#

ARE THERE ANY OTHER CASES PENDING INVOLVING YOU, THE OTHER PARTY AND/OR THE CHILDREN?

YES _____ NO _____ IF SO, STATE CASE TYPE, CAUSE NUMBER, NAME(S) OF PARTY(IES) INVOLVED AND THE COURT WHERE THE CASE IS PENDING: _____

*

REAL ESTATE

LOCATION: _____

PURCHASE PRICE: \$ _____ PURCHASE DATE: _____

MORTGAGE COMPANY: _____

MORTGAGE BALANCE: \$ _____ MONTHLY PAYMENT: \$ _____

2ND MORTGAGE OR LIENS AGAINST PROPERTY: _____

CURRENT MARKET VALUE: \$ _____

BANK ACCOUNTS

BANK: _____ TYPE ACCT: _____ ACCT# _____ OWNER _____

BANK: _____ TYPE ACCT: _____ ACCT# _____ OWNER _____

BANK: _____ TYPE ACCT: _____ ACCT# _____ OWNER _____

BANK: _____ TYPE ACCT: _____ ACCT# _____ OWNER _____

DO YOU HAVE STOCKS, BONDS, IRA'S OR OTHER HOLDINGS

YES ___ NO ___ _____

VEHICLES

VEHICLE: YR _____ MAKE _____ MODEL _____ IN NAME OF _____

PAYMENT MADE TO: _____ MONTHLY PAYMENTS \$ _____

VEHICLE: YR _____ MAKE _____ MODEL _____ IN NAME OF _____

PAYMENT MADE TO: _____ MONTHLY PAYMENTS \$ _____

ANY OTHER VEHICLE OR BOAT, MOTORHOME, ETC? _____

DEBTS

CREDITOR	IN NAME OF (husband,wife,joint)	MO.PAY.	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHAT PROPERTY ISSUES, OR ISSUES REGARDING CHILDREN WILL NEED TO BE RESOLVED?

