

CLIENT INFORMATION SHEET

DATE: _____

NAME: _____

DOB: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____
Would you like to receive my weekly email newsletter? _____

PHONE:

CELL: _____

HOME: _____

BEST TIME AND WAY TO REACH YOU: _____

OCCUPATION/EMPLOYER: _____

ADDRESS: _____

PHONE #: _____

ANNUAL EARNINGS _____

DATE OF MARRIAGE: _____

DATE OF SEPARATION: _____

CHILDREN:

NAME:

DOB

BRIEF DESCRIPTION OF ISSUES:

What do you most need help with/want to learn?

Do or have you had an attorney? If so, who and when? _____

INFORMATION ON OTHER PARTY TO THE ACTION

NAME: _____

DOB: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE:

CELL: _____

HOME: _____

OCCUPATION/EMPLOYER: _____

ADDRESS: _____

PHONE #: _____

ANNUAL EARNINGS _____

IS THERE AN ATTORNEY REPRESENTING THE OTHER PARTY? _____

IF SO, WHO? _____