



CLIENT INFORMATION FORM
FAMILY LAW MATTERS

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

First Name: _____

Middle Name: _____

Last Name: _____

Home Address: _____

City: _____

State: _____ Zip Code: _____ County of Residence: _____

You have lived at current address since: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Soc. Sec. No: _____ Driver's License No: _____

Date of Birth: _____ Place of Birth: _____

EMPLOYER: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Name of Emergency Contact, and Relation to You: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Are there current orders of the court? Yes/No

If so, what state, county _____

Please provide current orders to attorney.

Please list all children involved in the suit.

First Name: _____ Middle: _____ Last: _____
Date of Birth: _____ Male or Female SS# _____

First Name: _____ Middle: _____ Last: _____
Date of Birth: _____ Male or Female SS# _____

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Date of Birth: _____ Male or Female SS# _____

Are there any children you are paying child support on that are not involved in this suit? _____
If yes, how many? _____

Do the children have health insurance? Yes or No.
If YES, what is the name of insurance company? _____
Who is providing the insurance? _____
What is the policy number? _____

Is the child(ren) in therapy? Yes or No. If so, please list the name of the therapist:

Address & Phone Number:

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

How did you hear about our office? _____

OTHER PARTY INFORMATION

First Name: _____

Middle Name: _____

Last 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: _____ Place of Birth: _____

Other names this person has been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

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

If yes, whom _____