

NEW CLIENT NOTES

CLIENT NAME:

Husband/Wife

Mom/Dad

(first, middle, and last):

Phone Number:

Usual Residence/Street Address (Include County):

(Home/ Mailing/ Both)

Inside City Limits? _____

Social Security Number:

Birthplace (City, State and Country)

Date of Birth:

Occupation: (name and address of employer)

Education: (highest grade completed)

Where marriage took place/residence at time (city & state)

Number of this marriage: _____

Previously married: y/n marriage ended by: death/dissolution/annulment date ended: _____

OTHER PARTY:

Husband/Wife

Mom/Dad

(first, middle, and last):

Phone Number:

Usual Residence/Street Address (Include County):

(Home/ Mailing/ Both)

Inside City Limits? _____

Social Security Number:

Birthplace (City, State and Country)

Date of Birth:

Occupation: (name and address of employer)

Education: (highest grade completed)

Where marriage took place/residence at time (city, county state)

Number of this marriage: _____

Previously married: y/n marriage ended by: death/dissolution/annulment date ended: _____

GENERAL INFORMATION:

File in District/County Court of _____ County

Date of Marriage: _____

Date Couple Separated: _____

Number of children under 18 in household as of date of separation: _____

CHILDREN:

Name: _____

DOB: _____

Address (Last 5 years):

SSN: _____

Name: _____

DOB: _____

Address (Last 5 years):

SSN: _____

Name: _____

DOB: _____

Address (Last 5 years):

SSN: _____

Name: _____

DOB: _____

Address (Last 5 years):

SSN: _____

Name: _____

DOB: _____

Address (Last 5 years):

SSN: _____

Custody: _____

Alimony: _____

Requesting Attorney's Fees: y/n _____

Restraining Order: Persons/Assets/Both

OTHER NOTES