

CLIENT INFORMATION

All information must be provided as it will be required by the Court
If I will be representing your spouse also, please replicate this form and provide similar
information for him/her.

PLEASE NOTE: CONSULTATION FEE: \$300.00
DUE AT THE BEGINNING OF THE CONSULTATION

FULL LEGAL NAME:

MAIDEN NAME (IF APPLICABLE):

RELATIONSHIP TO CHILD(REN):

SOCIAL SECURITY NUMBER:

DRIVER LICENSE #: _____ STATE:

MAILING ADDRESS (STREET/P. O. BOX, CITY, STATE, ZIP):

RESIDENCE ADDRESS, IF DIFFERENCE (CITY, STATE, ZIP)

COUNTY OF RESIDENCE: _____ HOW LONG? _____

DATE OF BIRTH:

PLACE OF BIRTH: (CITY, STATE, COUNTRY)

HOME #:

CELL #:

EMAIL ADDRESS(ES):

EMPLOYER NAME:

EMPLOYER FULL ADDRESS:

EMPLOYER PHONE NUMBER:

WORK PHONE #, IF DIFFERENT:

**If you are married to or living with a person other than your opposing party and I will be
communicating with or through that significant other, please provide the following
information:**

FULL LEGAL NAME:

MAILING ADDRESS (STREET/P. O. BOX, CITY, STATE, ZIP):

CONTACT NUMBERS:

CELL #:

EMAIL ADDRESS(ES):

INFORMATION ABOUT OPPOSING PARTY

All information must be provided as it will be required by the Court

If there will be more than one opposing party, please replicate this form and provide similar information for him/her.

FULL LEGAL NAME:

MAIDEN NAME (IF APPLICABLE):

RELATIONSHIP TO CHILD(REN):

SOCIAL SECURITY NUMBER:

DRIVER LICENSE #: _____ STATE:

MAILING ADDRESS (STREET/P. O. BOX, CITY, STATE, ZIP):

RESIDENCE ADDRESS, IF DIFFERENCE (CITY, STATE, ZIP)

COUNTY OF RESIDENCE: _____ HOW LONG? _____

DATE OF BIRTH:

PLACE OF BIRTH: (CITY, STATE, COUNTRY)

HOME #:

CELL #:

EMAIL ADDRESS(ES):

EMPLOYER NAME:

EMPLOYER FULL ADDRESS:

EMPLOYER PHONE NUMBER:

WORK PHONE #, IF DIFFERENT:

**FOR EACH CHILD WHO WILL BE THE SUBJECT OF THIS SUIT,
PROVIDE THE FOLLOWING.**

Replicate this form as needed for additional children

FULL LEGAL NAME:

FULL SOCIAL SECURITY NUMBER:

DRIVER LICENSE NUMBER: _____ STATE:

RESIDENCE ADDRESS:

COUNTY OF RESIDENCE:

DATE OF BIRTH:

PLACE OF BIRTH:

FULL LEGAL NAME:

FULL SOCIAL SECURITY NUMBER:

DRIVER LICENSE NUMBER: _____ STATE:

RESIDENCE ADDRESS:

COUNTY OF RESIDENCE:

DATE OF BIRTH:

PLACE OF BIRTH:

FULL LEGAL NAME:

FULL SOCIAL SECURITY NUMBER:

DRIVER LICENSE NUMBER: _____ STATE:

RESIDENCE ADDRESS:

COUNTY OF RESIDENCE:

DATE OF BIRTH:

PLACE OF BIRTH:

Health Insurance Availability for each child:

Name of insurance company:

Policy number

Party responsible for premium:

Monthly cost of premium: \$

Who insures the child

GENERAL INFORMATION:

IF YOU ARE MARRIED TO OPPOSING PARTY STATE:

DATE OF MARRIAGE:

PLACE OF MARRIAGE:

DATE OF SEPARATION:

IF YOU ARE DIVORCED FROM THE OPPOSING PARTY STATE:

DATE OF DIVORCE:

CITY, COUNTY, STATE OF DIVORCE:

NUMBER OF COURT WHICH GRANTED THE DIVORCE:

CAUSE NUMBER OF THE DIVORCE:

**IF YOU WERE NEVER MARRIED TO THE OPPOSING PARTY BUT THIS IS A SUIT
REGARDING A CHILD BORN OF YOUR NON-MARITAL UNION, STATE:**

DATE OF THE LAST COURT ORDER REGARDING THE CHILD:

COUNTY & STATE IN WHICH SUCH ORDER WAS ISSUED:

NUMBER OF COURT WHICH ISSUED THE ORDER:

CAUSE NUMBER OF THE ORDER: