

INFORMATION SHEET

DATE: _____

Last Name First Name Middle Initial

Name of Spouse

Street Address City State Zip Code

County of Residence Home Telephone Number

Work Telephone Number, if any Other Number (cell phone/pager/etc.)

***Alternate Address and Telephone Number, if you do not wish correspondence sent to home:**

Street Address City State Zip Code

Alternate Telephone Number Email

Referral Information

Are you a former client? _____ Yes _____ No

How did you find out about this law office?

_____ Friend/Relative _____ Lawyer Referral Service _____ Church Bulletin

_____ Internet _____ Yellow Pages/Phone Book

_____ Other _____
Please identify

If you are here about a possible divorce and/or custody action, please provide the information on the reverse side of this document. Thank you.

Divorce Matter Information

If you are here about a possible divorce action, please provide the following information:

Name of Spouse (First, Middle Initial, Last)

Date of Marriage

Spouse's Current Address

Date of Separation, if any

Spouse's City, State and Zip Code

Spouse's County

Spouse's Date of Birth

Your Date of Birth

County and State Where Marriage Occurred

Maiden Name of Wife

Spouse's Employer, if any

Spouse's Usual Occupation

Your Employer, if any

Your Usual Occupation

Custody Matter Information

If you are here about a custody matter, please provide the following information *for each child age 18 and under AND not yet graduated from high school*:

Child's First, Middle and Last Name Age Date of Birth Born of Marriage? Yes/No

Child's First, Middle and Last Name Age Date of Birth Born of Marriage? Yes/No

Child's First, Middle and Last Name Age Date of Birth Born of Marriage? Yes/No

Child's First, Middle and Last Name Age Date of Birth Born of Marriage? Yes/No

Child's First, Middle and Last Name Age Date of Birth Born of Marriage? Yes/No