

Prospective DIVORCE CLIENT INFORMATION

NAME: _____ **SSN:** _____

ADDRESS: _____ **DOB:** _____ **Age:** ()

zip: _____

TELEPHONE: () - _____ **(HOME)** **TELEPHONE:** () - _____ **(WORK)**

EMPLOYER: _____ **E-MAIL:** _____

Occupation: _____

Marriage Info: Date of Marriage: _____ Place: _____ Physically Separated When?: _____

CHILD(REN):

Name _____	DOB: _____	SSN: _____	Age: _____
Name _____	DOB: _____	SSN: _____	Age: _____
Name _____	DOB: _____	SSN: _____	Age: _____
Name _____	DOB: _____	SSN: _____	Age: _____
Name _____	DOB: _____	SSN: _____	Age: _____
Name _____	DOB: _____	SSN: _____	Age: _____

*Indicate whether children are from this marriage or another relationship

IS EITHER PARTY EXPECTING A CHILD AT THIS TIME (WHETHER A CHILD OF THE MARRIAGE OR NOT): _____

OPPOSING ATTORNEY INFORMATION

NAME: _____ **TX#:** () _____

ADDRESS: _____ **EMAIL:** _____

ADVERSARY PARTY INFORMATION

- spouse -

NAME: _____ **DOB:** _____ **Age:** ()

ADDRESS: _____ **SSN#** _____

EMAIL: _____ **EMPLOYER:** _____

_____ **PHONE:** _____

INCOME: _____

Are you requesting the spouse return to a maiden name (if the spouse is the wife)? _____

MISCELLANEOUS

Have you or your spouse participated in any type of marital or parental counseling? If so describe:

ARE THERE ANY OTHER CASES PENDING (support, protective order, bankruptcy, CPS, criminal cases): describe: _____