



A DOMESTIC RELATIONS LITIGATION FIRM

Personal Information	
Full Name _____	Date _____
_____ (maiden)	How _____
Street Address _____	Long _____
City, County, State, Zip _____	Race _____
DOB _____ / / _____	SSN - - _____
Drivers License Number & State _____	
City / State of Birth _____	Highest Level of Education _____
Name and Address Primary Employer _____	Salary _____
Primary Email _____	
Secondary Email _____	
Home Ph. _____	Work Ph. _____
Mobile Ph. _____	Alt. Ph _____



1. Have you consulted with our office before? Y N |
2. Have you consulted about this matter? Y N
- a. If so, name of attorney and date consultation/hire? _____
3. How did you hear about our office? _____
4. Upcoming court dates, include the location of the hearing: _____

CONTINUED ON NEXT PAGE

Child Information						
	Full Name	DOB	Age	Social Security Number	State of Residence for last 180 days	Name of other parent
1						
2						
3						
4						
5						

Previous / Current Marriage Information							
	Name of Spouse /Significant Other	Date Married	City, County, State of Marriage	Date of Separation	How Marriage Ended	Date of End of Marriage	No. of Children
1							
2							
3							

WHO IS THE OTHER PARTY?	
Full Name _____	Active Military Y N
Street Address _____	(maiden) How long at address _____
City, County, State, Zip _____	Race _____
DOB _____ / ____ / ____	SSN _____ - ____ - ____
Drivers License Number & State _____	
What is the nature of the current dispute you want to address?	
What do you believe will be the level of conflict in this matter?	