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(NEW CLIENT INFORMATION SHEET FOR
POST DECREE MATTERS)
(please use back of page if space provided is not sufficient for answer)

YOUR PERSONAL INFORMATION

YOUR COMPLETE LEGAL NAME: _____

Your Prior names (if any) _____

Names of your Prior Spouse (if any)

Your Present Address: _____

City _____ State _____ Zip _____

How long? _____ Part of town _____

Your Preferred Mailing Address: _____

Your Social Security Number: _____ Date of Birth: _____ Age: _____

Home Phone Number: _____ Work Phone Number: _____ Ext: _____

Fax Number: _____ Is call to you needed before fax sent? _____

Cell Phone Number: _____ E-Mail address: _____

Date of Divorce: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Job Duties: _____

Date of Hire: _____ Rate of Pay: _____

How Often Are You Paid? _____ Gross Pay: _____ Net Pay: _____

Overtime: _____ Average number of hours per month: _____

Bonuses: _____ Average per year: _____
Commissions: _____ Average per month: _____
Deductions from wages other than taxes and social security? _____
Do you have any additional earned income: _____
If yes, what do you do, where and what is your monthly income? _____

If Unemployed:

Last Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: _____ Rate of Pay: _____
Reason for Leaving: _____

Where did you attend High School? _____ Did you graduate? _____

If not, how many years of schooling have you completed? _____

Colleges, Professional Schools or Training Programs Attended:

_____ Degree: _____
_____ Degree: _____
_____ Degree: _____

If you did not complete your education, please state reasons specifically: _____

Have you ever discussed this matter with any other attorney? _____

If so, state name of Attorney and when: _____

Do you have any other claims against anyone? _____

Are you a party to any active lawsuit? _____

Have you ever filed Bankruptcy? _____ If so, when? _____

Do you have a current Will? _____

PERSONAL INFORMATION OF EX-SPOUSE

EX-SPOUSE'S COMPLETE LEGAL NAME _____

Prior names of Ex-Spouse (if any) _____

Name of Ex-Spouse's current Spouse: _____

Ex-Spouse's Present Address: _____ City _____

State _____ Zip _____ How Long? _____

Ex-Spouse's Mailing Address: _____ City _____

State _____ Zip _____ Email _____

Ex-Spouse's Social Security Number: _____ Race: _____

Home Phone Number: _____ Work Phone Number: _____ Ext: _____

Fax Number: _____ Is call to you needed before fax sent? _____

Cell Phone Number: _____ E-Mail address: _____

Ex-Spouse's Date of Birth: _____ Age: _____ Place of Birth: _____

Place of Employment and address: _____

Job Title: _____ Job Duties: _____

Hours: _____ Gross Pay: _____ Net Pay: _____

How Often is Ex-Spouse Paid:: _____ Date of Hire:: _____

Overtime: _____ Average number of hours per month: _____

High School attended by Ex-Spouse Paid? _____ Did Ex-Spouse Graduate? _____

If not, years of education completed by Ex-Spouse: _____

Colleges, Professional Schools of Training Programs attended:

_____ Degree: _____

_____ Degree: _____

_____ Degree: _____

If your Ex-Spouse did not complete his/her education, please state reasons specifically: _____

Has your Ex-Spouse ever filed for bankruptcy? _____ If yes, when & where: _____

Does Your Ex-Spouse have any claims against anyone? _____

Does anyone have any claims against your Ex-Spouse? _____

If yes, who? _____

Is your ex-spouse presently involved in any other pending Litigation? _____ If so, state details:

CHILD/SPOUSAL SUPPPORT

Does your Ex-Spouse receive or pay any child support? _____ Monthly amount? _____

Does your Ex-Spouse receive or pay any spousal support? _____ Monthly amount? _____

CHILDREN

<u>Children of this Marriage</u>	<u>Birth Date of Child</u>	<u>Social Security No.</u>	<u>Current Address</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Address of Children for the last 5 Years if different from current:

Child: _____ From: _____ To: _____ Resides with: _____

Address: _____

Child: _____ From: _____ To: _____ Resides with: _____

Address: _____

Child: _____ From: _____ To: _____ Resides with: _____

Address: _____

<u>Your Other Children</u>	<u>Birth Date of Child</u>	<u>Custodian</u>
_____	_____	_____
_____	_____	_____

<u>Your Ex-Spouse's Other Children</u>	<u>Birth Date of Child</u>	<u>Custodian</u>
_____	_____	_____
_____	_____	_____

Do you receive any child support? _____ How much? _____

Do you pay child support? _____ How much? _____

Do you pay spousal support? _____ How much? _____

Do you pay any other court-ordered obligation? _____ State _____ Details: _____

Do any of the children listed above have any medical or psychological needs or disabilities that require ongoing medical treatment or special schooling or training? If yes, please state the child's name , brief description of the nature of the condition or disability and if applicable, the child's treating physician?

HEALTH

Do you or your ex-spouse have any disabilities or ongoing medical conditions?

Please give a brief description of the disability or the condition and any special or ongoing treatment you or your spouse receive for the condition:

<u>Condition</u>	<u>Name of Doctor</u>	<u>Address and Phone No. Of Doctor</u>
_____	_____	_____
_____	_____	_____

Have you or your ex-spouse participated in any counseling or therapy concerning the problems of this marriage or otherwise? _____ If yes. Please state the name, address of treatment provider and periods of time of such services: _____

MEDICAL INSURANCE COVERAGE

Is your family covered under a medical insurance policy? _____

Does your employer provide this coverage? _____

What is the name of the insurance company? _____

Address: _____

Policy Number: _____ Group Number: _____

Is there any cost to you for this coverage? _____ If so, how much and how often? _____

What is the cost for your children to be covered above the cost for you and your current spouse (if there is one) to be covered? _____

Does your ex-spouse's employer provide this coverage? _____

If so, what is the name of the insurance company? _____

What is the address of the insurance company? _____

What is the policy number? _____ Group number: _____