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(NEW CLIENT INFORMATION SHEET FOR
UNMARRIED PARENTS)
(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 Current Spouse (if any) _____

Your Present Address: _____

City _____ State _____ Zip _____

How long? _____ Part of town _____

Your Preferred Mailing Address: _____

Your place of Birth: _____

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: _____

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: _____

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: _____

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? _____

CHILDREN

<u>Children:</u>	<u>Date of birth</u>	<u>Ssn:</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH/MEDICAL INFORMATION

Do you or the other parent 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 the other parent receive for the condition:

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

Have you or the other parent participated in any counseling or therapy concerning the problems of this relationship or otherwise _____

If yes, please state the name, address of treatment provider and periods of time of such services:

MEDICAL INSURANCE COVERAGE

Are you 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 a current spouse) to be covered _____

Does the other parent's employer provide this coverage _____

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

What is the policy number _____ Group number _____

Is there any cost to the other parent for this coverage _____

If so, how much and how often _____

What is the cost for your children above the cost for him/her to be covered _____

PERSONAL INFORMATION OF MOTHER/FATHER OF CHILDREN

COMPLETE LEGAL NAME _____

Prior names, if any: _____

Name of current Spouse, if any: _____

Present Address: _____ City: _____

State: _____ Zip: _____ How Long? _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Social Security Number: _____ Race: _____ Date of Birth: _____

Home Phone: _____ Work: _____ Cell: _____ Fax: _____

Place of Employment: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Duties: _____

Hours: _____ Gross Pay _____ Net Pay: _____

How often paid? _____ Date of Hire: _____

High School Attended: _____ Graduate: _____

Colleges, Professional Schools or Training Programs attended:

_____ Degree: _____

_____ Degree: _____

_____ Degree: _____

If did not complete his/her education, please state reasons specifically: _____

Has he/she ever filed for bankruptcy? _____ If yes, when & where: _____

Does he/she have any claims against anyone? _____

If yes, who? _____

Is he/she presently involved in any other pending litigation? _____ If so, state details: _____
