

Open file?            9 yes    9 no

Date opened \_\_\_\_\_

### CLIENT INFORMATION SHEET

<b>Mr.    Mrs.    Miss    Ms. (circle one)</b>	<b>Today's Date:</b>
<b>Last Name:</b>	
<b>First Name:</b>	<b>Middle Name:</b>
<b>All Other Names Used Including Maiden Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	<b>State and Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>e-mail address:</b>
<b>Date of Birth:</b>	<b>Place of Birth:</b>
<b>Occupation:</b>	<b>Social Security Number:</b>
<b>Employer and Address:</b>	
<b>Name of Spouse/Adverse Party (include maiden name):</b>	
<b>Street Address:</b>	
<b>City:</b>	<b>State and Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>e-mail address:</b>
<b>Date of Birth:</b>	<b>Place of Birth:</b>
<b>Occupation:</b>	<b>Social Security Number:</b>
<b>Employer and Address:</b>	
<b>Date of Marriage:</b>	<b>Date of Separation:</b>
<b>Place of Marriage (city, county, state):</b>	
<b>Number of Marriages (you):</b>	<b>Number of Marriages (spouse):</b>

Name of Child	Date of Birth	Social Security Number

**Address(es) of Jointly Owned Real Property:**

**List Jointly Owned Personal Property:**

**How you heard about our office:**