CLIENT INFORMATION SHEET

Date		_			
CLIENT INFORMATION LEGAL NAME		OPPOSING PA	MARITAL STATUS SPOUSE'S NAME ADDRESS CITY/STATE/ZIP_ SOCIAL SECURITY#* BIRTHDATE/AGE		
		LEGAL NAME			
		— MARITAL STA			
		SPOUSE'S NA			
		ADDRESS			
PREFERRED PHONE#					
ALTERNATE PHONE#		/ - 11		cell, relative's phone, etc	
(Indicate type: home, cell, relative's phone, etc)			EMPLOYER		
EMPLOYER					
ADDRESS					
		PHONE/EXT.	PHONE/EXT.		
PHONE/EXT.			ATTORNEY:		
OKAY TO CONTACT YOU AT	WORK?				
CHILDREN (Complete if your ch	nildren are minors/	dependents) **(If your case in	nvolves chi	ld support, we will need	
		THEY RESIDE WITH?	DOB	AGE SS# **	
NATURE OF APPOINTMEN	T (Circle appro	priate numbers)			
1. ADOPTION	4.	CHILD VISITATION	7.	PATERNITY	
2. CHILD CUSTODY	5.	DIVORCE	8.		
3. CHILD SUPPORT	6.	GUARDIANSHIP			
Who or How were you referred t	to this office?				
Is it okay to contact you by email (Please note that the internet is	l?s NOT a secure si	ite for confidential information	on. ONLY	provide email address	

(Please note that the internet is NOT a secure site for confidential information. **ONLY** provide email address if you wish to communicate in this manner)