



New Client Information Sheet

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OFFICE USE ONLY
Retainer: _____
Costs: _____
Type of Case: _____

Personal Information - Client

Name: _____ Date: _____

Maiden Name _____ Former Legal Names _____

Home Phone: _____ Work Phone _____ Message Phone _____

Cell/Pager _____ Email _____ Fax _____

O.K. to call you at home? Yes No O.K. to call you at work? Yes No

Address: _____ City: _____

State: _____ Zipcode _____ County _____

Mailing Address: *(if different than above)* _____

City _____ State _____ Zipcode _____

Date of Birth _____ Age _____ Place of Birth _____

Do you want your mail addressed "Personal and Confidential"? Yes No

Condition of Health _____ Explanation _____

Social Security Number _____ Drivers License Number ODL _____

Educational Background *(highest grade completed)* _____

Employer _____ Occupation _____

Business Address _____ City _____

State _____ Zipcode _____ Length of Employment _____

Hours per Week _____ Gross Wage _____ Hourly Wage Monthly

Net _____ Other Sources of Income _____ Amount _____

Name of Nearest Relative _____ Phone _____

Personal Information – Spouse

Name: _____

Maiden Name _____ Former Legal Names _____

Home Phone: _____ Work Phone _____ Attorney _____

Address: _____ City: _____

State: _____ Zipcode _____ County _____

Date of Birth _____ Age _____ Place of Birth _____

Condition of Health _____ Explanation _____

Social Security Number _____ Drivers License Number _____

Educational Background (*highest grade completed*) _____

Employer _____ Occupation _____

Business Address _____ City _____

State _____ Zipcode _____ County _____

Hours per Week _____ Gross Wage _____ Hourly Wage Monthly

Net _____ Other Sources of Income _____ Amount _____

Marital Information

Client

Number of this Marriage _____ (1st, 2nd, etc....)

Date Prior Marriages Dissolved _____

Spouse

Number of this Marriage _____ (1st, 2nd, etc....)

Date Prior Marriages Dissolved _____

Date of this Marriage _____ Separation Date _____

Place of this Marriage _____ (City, County, State)

Children

This Marriage

Full Name: _____ Age: _____ Date of Birth: _____

Full Name: _____ Age: _____ Date of Birth: _____

Full Name: _____ Age: _____ Date of Birth: _____

Full Name: _____ Age: _____ Date of Birth: _____

Who Has Custody? _____

Terms of Parenting Time _____

Support Paid? _____ Support Amount _____

Prior Marriages

Full Name: _____ Age: _____ Date of Birth: _____

Full Name: _____ Age: _____ Date of Birth: _____

Full Name: _____ Age: _____ Date of Birth: _____

Full Name: _____ Age: _____ Date of Birth: _____

Who Has Custody? _____

Terms of Parenting Time _____

Support Paid? _____ Support Amount _____

Where have the children lived over the past five years and with whom?

Dates

Addresses

Lived With

Assets

Real Property

Family Home

Address _____

City _____

State _____ Zipcode _____

County _____

Purchase Date _____

Purchase Price _____

Present Value _____

Balance Owing _____

Monthly Payment _____

Recreational Property

Address _____

City _____

State _____ Zipcode _____

County _____

Purchase Date _____

Purchase Price _____

Present Value _____

Balance Owing _____

Monthly Payment _____

Rental Property

Address _____

City _____

State _____ Zipcode _____

County _____

Purchase Date _____

Purchase Price _____

Present Value _____

Balance Owing _____

Monthly Payment _____

Bank Accounts

Primary Checking

Bank _____ Branch _____

Address _____

Account Number _____

In Whose Name _____ Balance _____

Primary Savings

Bank _____ Branch _____

Address _____

Account Number _____

In Whose Name _____ Balance _____

Other

Bank _____ Branch _____

Address _____

Account Number _____ Type _____

(Checking, Savings, Money Market, etc...)

In Whose Name _____ Balance _____

Bank Accounts

Stock and Bonds

Name of Stock

of Shares

Value

Name of Broker

Pension, Profit-Sharing & Stock Purchase Plans

Husband

Wife

Insurance Policies

Life Insurance

Company _____ Face Amount _____

Beneficiaries _____

Company _____ Face Amount _____

Beneficiaries _____

Company _____ Face Amount _____

Beneficiaries _____

Health Insurance

Company _____

Name of Insured _____

Auto Insurance

Company _____

Name of Insured _____

