



GENERAL PROSPECTIVE DIVORCE (NO CHILDREN) CLIENT INFORMATION

Date of Initial Consultation: _____ Referred by: _____

County of Residence: _____ How long have you resided in County? _____

Your Information:

Name: _____

Confidential Mailing Address: _____

(City) _____ (State) _____ (ZIP) _____

Confidential Phone Number(s): (home) _____ (cell) _____

What is the best way to reach you? _____ (work) _____

Confidential E-Mail Address: _____

Employer: _____ Salary/Income: _____

Position/Title: _____ How long at position? _____

Spouse's Information:

Name: _____

Employer: _____ Salary/Income: _____

Position/Title: _____ How long at position? _____

How long have you been married: _____ Did you sign a Prenup? _____

Have you been served with anything? Yes _____ No _____

If so, what is the hearing date? _____

Were you served by a process server or did your spouse hand you the documents? _____

Did you sign a Waiver of Citation or any other documents? _____

Has your spouse retained an attorney? Yes _____ No _____ Not sure _____

If so, who is their attorney? _____

GENERAL PROSPECTIVE DIVORCE (NO CHILDREN) CLIENT INFORMATION (Continued)

What to bring with you to your consultation:

Recent Tax Return

Any Prior Orders

Financial Statement

Journal of major events

Calendar/Timeline of major events

Any documents that you have been served with

Prenuptial agreement (if any)

List of questions to ask

If there has been abuse or domestic violence, please bring any documentation you have
Photos, police reports, emergency room discharge papers, etc.

Do NOT bring:

Children (unless you have discussed this prior to consultation)

Your spouse if he/she is the opposing party. We cannot represent both parties to a case.

You may bring a friend/sibling/parent with you if you would feel more comfortable.

GENERAL PROSPECTIVE DIVORCE (NO CHILDREN) CLIENT INFORMATION (Continued)

Are you separated and if so, date of separation: _____ Y N

Do you own a home? Y N

Do you have retirement accounts? Y N

Do you have investments (stocks, bonds)? Y N

Do you have real estate investments (not your residence) Y N

Are there any closely held business entities? Y N

Do you have significant credit card debt? Y N

Are there assets that you or your spouse would consider to be separate property? Y N

Are there any unpaid federal tax liabilities? Y N

Do you have an internet presence (MySpace, Facebook, Match.com, e-harmony, etc.)? Y N

Is or has there been any domestic violence? Y N

Has CPS been involved? Y N

Have you or your spouse ever been convicted of DWI/DUI or drug possession? Y N

Have you or your spouse ever attended AA, Alanon, Alateen or similar support groups? Y N

Have you or your spouse ever participated in marriage counseling? Y N

Have you or your spouse ever participated in individual psychotherapy? Y N

Have you consulted with other attorneys regarding this matter? Y N

Is your spouse aware that you are considering filing for divorce? Y N

What are your biggest concerns?

REQUIRED INFORMATION FOR ALL CASES

Date of Marriage: _____ City and State of Marriage: _____

Client Information:

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ Would you like to change your name? Y N

Physical Address: _____

Driver's License Number (State): _____ SSN: _____

Date of Birth: _____ City and State of Birth: _____

County of Birth: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Vehicle Driven (Make/model/year/color): _____

Home address: _____

Physical Address: _____

Office address: _____

Phone Number(s): (home) _____ (cell) _____

Office/Office Fax Numbers: _____

Spouse Information: Please bring photo!

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____

Driver's License Number (State): _____ SSN: _____

Date of Birth: _____ City and State of Birth: _____

County of Birth: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Vehicle Driven (Make/model/year/color): _____

Home address: _____

Physical Address: _____

Office address: _____

Phone Number(s): (home) _____ (cell) _____

Office/Office Fax Numbers: _____

E-Mail Address: _____