



**GENERAL PROSPECTIVE DIVORCE 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 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 CLIENT INFORMATION (Continued)**

**CHILDREN OF THE MARRIAGE**

1. \_\_\_\_\_ AGE: \_\_\_\_\_  
Child is currently living with \_\_\_\_\_  
Child has special needs? \_\_\_\_\_
  
2. \_\_\_\_\_ AGE: \_\_\_\_\_  
Child is currently living with \_\_\_\_\_  
Child has special needs? \_\_\_\_\_
  
3. \_\_\_\_\_ AGE: \_\_\_\_\_  
Child is currently living with \_\_\_\_\_  
Child has special needs? \_\_\_\_\_
  
4. \_\_\_\_\_ AGE: \_\_\_\_\_  
Child is currently living with \_\_\_\_\_  
Child has special needs? \_\_\_\_\_
  
5. \_\_\_\_\_ AGE: \_\_\_\_\_  
Child is currently living with \_\_\_\_\_  
Child has special needs? \_\_\_\_\_

Any stepchildren or children from a prior relationship living in the home?

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Biological Parent's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Biological Parent's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Biological Parent's Name: \_\_\_\_\_

**GENERAL PROSPECTIVE DIVORCE CLIENT INFORMATION (Continued)**

**HELPFUL INFORMATION**

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?		

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**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: \_\_\_\_\_

**REQUIRED INFORMATION FOR ALL CASES (CONTINUED)**

**Children's Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

Children's health insurance is provided by: \_\_\_\_\_  
Name of Health Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Premiums are paid by: \_\_\_\_\_