

NEW CLIENT INFORMATION (DIVORCE)

Date: _____

Client's Full Name: _____ **Maiden Name:** _____

Is this your first marriage? ____, if not, how many times have you been married? ____

Is this your spouse's first marriage? ____, if not, how many times has your spouse been married? ____

Address: _____

County of Residence: _____

Do you own home? _____ **Rent?** _____

Phone Numbers: Home: _____ **Work:** _____

Cell: _____ **Other:** _____

Date of Birth: _____ **Spouse's Date of Birth:** _____

Employer: _____

Occupation: _____

Spouse's Full Name: _____

Spouse's Employer: _____

Children's Names and Birthdates:

_____	_____
Name	Birthdate
_____	_____
Name	Birthdate
_____	_____
Name	Birthdate

Do you want to go back to your maiden name? _____

Year, make & model of Wife's vehicle: _____

Year, make & model of Husband's vehicle: _____