

County: _____

Date

CLIENT CONFIDENTIAL INFORMATION

Client: _____

Other Party: _____

Driver's License No. _____

Driver's License No. _____

Social Security No. _____

Social Security No. _____

Home Address: _____ Home Address: _____

_____ Months: _____

_____ Months: _____

Home/Cell Phone: _____

Home/Cell Phone: _____

Mailing Address: _____

Mailing Address: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

Age: _____ Date of Birth: _____

Age: _____ Date of Birth: _____

Place of Birth: _____
City, State, County

Place of Birth: _____
City, State, County

Color or Race: _____

Color or Race: _____

Email: _____

Wife's Maiden Name: _____

Name Change? _____ Yes _____ No

Date of Marriage: _____

Place of Marriage: _____
(City, State)

Date of Separation: _____

No. of Children: _____ Male _____ Female

Phone No. where **you** can be reached during the day: _____

Person to contact in case of emergency: _____

Referred by: _____

Phone No. of contact: _____

Client's Email Address: _____

CHILD(REN) INFORMATION

Name: _____

Name: _____

Birth date: _____

Birth date: _____

Age: _____

Age: _____

Place of Birth: _____

Place of Birth: _____

Social Security No.: _____

Social Security No.: _____

Sex: _____ Male _____ Female

Sex: _____ Male _____ Female

Name: _____

Name: _____

Birth date: _____

Birth date: _____

Age: _____

Age: _____

Place of Birth: _____

Place of Birth: _____

Social Security No.: _____

Social Security No.: _____

Sex: _____ Male _____ Female

Sex: _____ Male _____ Female

Office of the Attorney General

Have you ever requested Attorney General services? _____

Do you have a current Attorney General Case No.? _____

If so, what is your case number? _____

Is your child or children currently on Medicaid? _____

Custody Issues (if applies):

Will there be any dispute over custody of the children? _____
If not, custody will be with whom? _____

Where are the children living at this time: _____

Are you looking to relocate? If so, where: _____

What type of visitation schedule do you desire? _____

What type of visitation schedule should the other party have?

Can you pass a hair follicle drug test? ____ Yes ____ No

Health Insurance for Children:

Carrier: _____ Who's Employer: _____

Monthly Premium for Kids Only: _____

(Please provide a health insurance cost breakdown from your human resources that shows cost for your insurance and cost for added spouse or children)

Child Support:

What is your annual gross income? _____

(Please provide a recent paystub and last years W-2)

Do you have any children not of this suit/marriage? _____

Do you currently pay child support for any other children? If so, how many? _____

Does the opposing party pay/receive child support from another source?

Property:

House: _____

Name of Mortgage Company and Balance: _____

Were any separate funds used to purchase or for the down payment of home or other property?
If so, how much and from whom: _____

Other Land or Property: _____

Cars (year/make/model) & VIN if possible:

Wife - _____ VIN: _____

Husband - _____ VIN: _____

Other recreational vehicles (RV's, boat, motorcycle, trailer): _____

(Please provide all real estate and vehicle documents including deeds, mortgage statements and insurance cards)

Debt:

Creditor: _____ Name on Acct: _____ Balance: _____

Creditor: _____ Name on Acct: _____ Balance: _____

Creditor: _____ Name on Acct: _____ Balance: _____

Creditor: _____ Name on Acct: _____ Balance: _____

Creditor: _____ Name on Acct: _____ Balance: _____

Creditor: _____ Name on Acct: _____ Balance: _____

(Please provide last statement of all accounts)

Bank Accounts:

Bank: _____ Acct. Type: _____ Balance: _____

Bank: _____ Acct. Type: _____ Balance: _____

Bank: _____ Acct. Type: _____ Balance: _____

Bank: _____ Acct. Type: _____ Balance: _____

Bank: _____ Acct. Type: _____ Balance: _____

(Please provide last statement of all accounts)

Retirement:

His: _____ Balance: _____

Hers: _____ Balance: _____

(Please provide last statement of all accounts)

Life Insurance:

His: _____

Hers: _____
(Please provide last statement of all accounts)

Separate Property

His: _____
Hers: _____
(Please provide documentation showing property was purchased prior to marriage or by inheritance)