

File No. _____

Date: _____

CLIENT INFORMATION SHEET

[CUSTODY/ LEGITIMATION/ CHILD SUPPORT CASE]

PLEASE COMPLETE ALL SPACES CAREFULLY AND COMPLETELY:

Your Complete Name _____ SS # _____

If you are not the father/mother, your relationship to the

child/children: _____

Address _____ City _____

County _____ State _____ Zip Code _____ Length of time in GA _____

Home Phone (____) _____ Pager (____) _____ Date of Birth

Previous Addresses for past 5 years for you and child/children: _____

Employer _____ Job Title _____ Yrs There

Employer=s Address

Job Phone (____) _____ Salary \$ _____ per _____ Dates Paid _____

Income for previous calendar year: _____ Other income and source: _____

Highest Educational Level: _____ Church Attendance: _____

Name of Someone Who Can Always Contact You _____

That Person=s Address and Phone

Number: _____

File No. _____

Date: _____

Checking Account Bank Reference: Name of Bank _____

Branch Location _____ Account # _____

How Were You Referred to this Law Office?

Retainer Quoted \$ _____

CHILD=S FATHER

Name: _____ SS#: _____

Maiden Name: _____ Race: _____ Date and Place of Birth: _____

Complete Address: _____

County: _____

Previous Addresses for past 5 years: _____

Length of time in Georgia: _____ Home Phone: _____

Employer & Complete Address: _____

Length of Employment: _____ Business Phone: _____

Earnings Gross: _____ (week/month) Net: _____ What hours does spouse

work: _____

Other income and sources: _____

Highest Educational Level: _____ Church Attendance: _____

Health Problems: _____

CHILD=S MOTHER

Name: _____ SS#: _____

Maiden Name: _____ Race: _____ Date and Place of Birth: _____

Complete Address: _____

County: _____

Previous Addresses for past 5 years: _____

Length of time in Georgia: _____ Home Phone: _____

Employer & Complete Address: _____

Length of Employment: _____ Business Phone: _____

Earnings Gross: _____ (week/month) Net: _____ What hours does spouse

work: _____

Other income and sources: _____

Highest Educational Level: _____ Church Attendance: _____

Health Problems: _____

CHILDREN

Names

Birthdates

Social Security Nos.

Health Problems:

Health Insurance:

Special Expenses (e.g., private school):

Outstanding custody order: Court: _____ (Attach copy)

WHAT DO YOU WANT FROM THE CASE?

SPECIAL INSTRUCTIONS OR COMMENTS