

File No. \_\_\_\_\_

Date: \_\_\_\_\_

**CLIENT INFORMATION SHEET**

PLEASE COMPLETE ALL SPACES CAREFULLY AND COMPLETELY:

Complete Name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Length of time in GA \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Addresses for past 5

years: \_\_\_\_\_

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: \_\_\_\_\_ Maiden Name \_\_\_\_\_ Restore (Yes)(No)

Number of Previous Marriages \_\_\_\_\_

Years married and reason for Dissolution of

each: \_\_\_\_\_

Name of Someone Who Can Always Contact You \_\_\_\_\_

That Person's Address and Phone Number

\_\_\_\_\_

Checking Account Bank Reference: Name of Bank \_\_\_\_\_

Branch Location \_\_\_\_\_ Account # \_\_\_\_\_

File No. \_\_\_\_\_

Date: \_\_\_\_\_

How Were You Referred to this Law Office?

\_\_\_\_\_

Retainer Quoted \$ \_\_\_\_\_

**SPOUSE**

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: \_\_\_\_\_

Number of Previous Marriages: \_\_\_\_\_ Years Married and Reason for Dissolution of

each:

\_\_\_\_\_

Health Problems:

\_\_\_\_\_

**CHILDREN**

Number of Children ever born alive of this marriage: \_\_\_\_\_

Names	Birthdates	Social Security Nos.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Problems: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

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

Custody: \_\_\_\_\_ Visitation: \_\_\_\_\_

Support desired in this divorce: \$ \_\_\_\_\_ per \_\_\_\_\_

Children of Previous Marriage: \_\_\_\_\_

Location: \_\_\_\_\_ Support: \_\_\_\_\_

**MARITAL RELATIONSHIP**

Date of Wedding: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Place of Wedding (Give City, State & County): \_\_\_\_\_

Is birth of a child expected? \_\_\_\_\_ Anticipated date: \_\_\_\_\_

Grounds for Divorce: \_\_\_\_\_

Alimony: \_\_\_\_\_

Counseling: \_\_\_\_\_

**REAL PROPERTY**

1. Home Address:

\_\_\_\_\_

Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

First Mortgage-Name & Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Balance: \_\_\_\_\_

Original Loan Amt.: \_\_\_\_\_ Source of Down Payment: \_\_\_\_\_

Second Mortgage: \_\_\_\_\_ Reason & Date: \_\_\_\_\_

Balance: \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Original Loan Amt.: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Manner of Determination: \_\_\_\_\_

2. Other Real Property: \_\_\_\_\_

**HOUSEHOLD FURNITURE & FURNISHINGS**

Valuable Items & Estimated Value: \_\_\_\_\_

Present Division: \_\_\_\_\_

Who Wants What and Why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTOMOBILES**

Client's Car: _____	Spouse's Car: _____
Name on Title: _____	Name on Title: _____
Financed By: _____	Financed By: _____
Balance Due: _____	Balance Due: _____
Monthly Payment: _____	Monthly Payment: _____
Condition & Value: _____	Condition & Value: _____

**BANK ACCOUNTS**

Type of Account: _____	Type of Account: _____
Name(s) on Account: _____	Name(s) on Account: _____
Authorised to Sign: _____	Authorised to Sign: _____
Bank: _____	Bank: _____
Account # _____	Account # _____
Balance: _____	Balance: _____

**STOCKS & BONDS**

Company: \_\_\_\_\_ Name(s) on Instruments: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Value: \_\_\_\_\_

Who paid for & where did money come from: \_\_\_\_\_

**LIFE INSURANCE**

Insured Person: \_\_\_\_\_ Policy Owner: \_\_\_\_\_

Type: \_\_\_\_\_ Cash Value (if any): \_\_\_\_\_ Company: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**OTHER ASSETS**

(e.g., cemetery plots, motorcycles, boats, guns, coins, musical instruments, pets, etc.) List all and give details:

**LIST ALL DEBTS**

<u>Creditor Name</u> <u>Address</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Reason for Debt</u>	<u>Who signed for &amp;</u>
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**WHAT DO YOU WANT FROM THE CASE?**

**SPECIAL INSTRUCTIONS OR COMMENTS**

CHILD SUPPORT  
INFORMATION SHEET

**NOTE: You must provide full documentation for all items.**

1. Children for whom support is being determined in this case.

	Name	Date of Birth
(a)	_____	_____
(b)	_____	_____
(c)	_____	_____
(d)	_____	_____

2. Average monthly income of father and mother of above children. (Must have documentation)

	Mother	Father
Gross pay received last 12 months	_____	_____
Average overtime received last 12 months	_____	_____
Average bonus received last 3 years	_____	_____
Other Income (interest, dividends, capital gains, etc.)	_____	_____

3. Pre-existing Child Support Orders being paid for other children.

Court Name	Case No.	Name and Date of Birth of Child	Paid by Mother	Paid by Father

4. Other Qualified Children:  
Must meet the following:

- (1) You are legally responsible for their support (not step children)
- (2) They reside with you
- (3) They are not subject to a pre-existing Child Support Order
- (4) They are not currently before the court to set, modify or enforce child support

	Name	Date of Birth
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____

5. Additional Child Care Expenses

To enable you to work: \_\_\_\_\_

Health Insurance Premiums for Children \_\_\_\_\_

Child care paid per year by mother \_\_\_\_\_

Child care paid per year by father \_\_\_\_\_

Child care paid per year by non-parent custodian \_\_\_\_\_

6. Do you pay/receive alimony to/from other parent? \_\_\_\_\_ Amount: \_\_\_\_\_

7. Other benefits paid:

- (1) Life Insurance naming child. Annual premium: \_\_\_\_\_
- (2) Provide housing or mortgage payments: \_\_\_\_\_

