

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 # _____

How Were You Referred to this Law Office? _____

Retainer Quoted \$ _____

SPOUSE

Name: _____ SS#: _____

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

Complete Address: _____ County: _____

P r e v i o u s A d d r e s s e s f o r p a s t 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.
-------	------------	----------------------

_____	_____	_____
_____	_____	_____

Heath Problems: _____

Health Insurance: _____

S p e c i a l E x p e n s e s (e . g . , p r i v a t e s c h o o l) : _____

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

Creditor Name Balance Monthly Payment Reason for Debt Who signed for & Address

WHAT DO YOU WANT FROM THE CASE?

SPECIAL INSTRUCTIONS OR COMMENTS