

Skye Shephard-Wood, P.C.

FAMILY LAW CLIENT INFORMATION SHEET

Date: _____

Who referred you to our office? _____

Have you spoken to another lawyer about this case?

Yes No Who.: _____

Part 1. Your information (Person seeking legal representation)

A. Your full legal name:

First Name

Full Middle Name

Last Name

Please list all former names (Maiden names, etc): _____

B. Your Personal & Contact Information

Social Security Number

Date of Birth MM/DD/YY

Work Phone Number

Home Phone Number

Cell Phone Number

_____ May we contact you by-Mail __ Yes __ No

Main E-Mail Address

Home Address

Street

City

State

Zip Code

Is this also your mailing address Yes No

If no, please enter your preferred mailing address: _____

C. Your employment information

1. Current Employer

Name of Employer

Title or Occupation

Length of Time

\$ _____

Employer's Address or Location

Approximate wage/salary/compensation

2. Previous Employer

Name of Employer

Title or Occupation

Length of Time

Part 2. Emergency Contact (Someone who always knows how to reach you)

Full Name

Relationship

Phone Number

Part 3. Your Marriage Information

When were you married? _____

Where were you married? _____

Have you separated?

Yes No If yes, when? _____

Have you ever been married before?

Yes No If yes, when? _____

Has your spouse ever been married before?

Yes No If yes, when? _____

Do you own your own home?

Yes No If yes, when? _____

Do you have a retirement account?

Yes No If yes, when? _____

Do you have children from this relationship? Yes No If yes, please fill out Child Info.

Part 4. Children born to this marriage or relationship

Name

SSN

Date of Birth

Resides With

Part 5. Your Spouse's Information

A. Spouse's full legal name:

First Name

Full Middle Name

Last Name

Please list all former names (Maiden names, etc): _____

B. Spouse's Personal & Contact Information

Social Security Number

Date of Birth MM/DD/YY

Work Phone Number

Home Phone Number

Mobile Phone

Main E-Mail Address

Home Address

Street

City

State

Zip

Is this also their mailing address? Yes No

If No, Please enter their mailing address: _____

C. Spouse's Employment Information

1. Current Employer

Name of Spouse's Employer

Title or Occupation

Length of Time

Employer's Address or Location

\$ _____

Approximate wage/salary/compensation

2. Previous Employer

Employer	Title or Occupation	Length of Time
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Part 6. Contested Issues

Please check the contested issues:

- Property Division
- Child Custody & Visitation
- Child Support
- Support Alimony

Please described your desired outcome for all issues:

Office Use:

Retainer : \$ _____

Payment Agreement: Yes _____No Paid in Full