



FAMILY LAW CLIENT INFORMATION

REQUIRED INFORMATION:

REFERRAL SOURCE: BILLBOARD PHONE BOOK EXISTING CLIENT
 WEBSITE BLOG _____
 PERSONAL REFERRAL FROM _____

CLIENT NAME: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NO: _____ (DRIVERS LICENSE MUST BE ATTACHED)

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

HOME ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

WORK ADDRESS: _____

E-MAIL ADDRESS: _____

WOULD YOU LIKE TO BE INCLUDED IN OUR ELECTRONIC MAILING LISTS FOR NEWSLETTERS AND OTHER IMPORTANT INFORMATION?

YES NO

COMMUNICATION FROM THIS OFFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. AS SUCH, PLEASE INDICATE YOUR PREFERRED MANNER OF RECEIPT:

U.S. MAIL (HOME) U.S. MAIL (WORK) E-MAIL

ADVERSE PARTY'S FULL LEGAL NAME: _____

DATE OF MARRIAGE (If Applicable): _____

LOCATION OF MARRIAGE (City & State): _____

DATE MOVED TO CLARK COUNTY, NEVADA: _____

ARE YOU AND YOUR SPOUSE LIVING TOGETHER NOW? YES NO

SEPARATION DATE: _____

DO YOU WANT YOUR MAIDEN NAME RESTORED? YES NO NAME: _____

IF YOU ARE ALREADY DIVORCED FROM THE OTHER PARTY, DATE OF DIVORCE: _____

CAN WE SEND DOCUMENTS TO THIS EMAIL INSTEAD OF REGULAR MAIL? YES NO

DOES THE ADVERSE PARTY HAVE ACCESS TO THIS ADDRESS? YES NO

CAN WE SEND DOCUMENTS TO THIS ADDRESS? YES NO

DOES THE ADVERSE PARTY HAVE ACCESS TO THIS ADDRESS? YES NO

ADVERSE PARTY'S INFORMATION:

OCCUPATION: _____ EMPLOYER: _____

SALARY: GROSS \$ _____ NET \$ _____ PER: _____

WORK ADDRESS: _____

WORK PHONE NUMBER: () _____ WORK FAX: () _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

DATE OF BIRTH: _____ AGE: _____

PREVIOUS MARRIAGES (IF APPLICABLE):

NAME OF FORMER SPOUSE: _____

DISSOLVED BY: Death Divorce Annulment

DATE OF MARRIAGE: _____ UNTIL: _____

NAME OF OTHER FORMER SPOUSE: _____

DISSOLVED BY: Death Divorce Annulment

DATE OF MARRIAGE: _____ UNTIL: _____

INFORMATION REGARDING CHILDREN (If Applicable):

NAME: _____

DATE OF BIRTH/AGE: _____ SEX: _____

SOCIAL SECURITY NO.: _____

SCHOOL NAME: _____ GRADE: _____

TEACHER: _____

NAME: _____

DATE OF BIRTH/AGE: _____ SEX: _____

SOCIAL SECURITY NO.: _____

SCHOOL NAME: _____ GRADE: _____

TEACHER: _____

NAME: _____

DATE OF BIRTH/AGE: _____ SEX: _____

SOCIAL SECURITY NO.: _____

SCHOOL NAME: _____ GRADE: _____

TEACHER: _____

WHAT ARE THE WORST THINGS THE OTHER SIDE MIGHT ALLEGE AGAINST YOU (TRUE OR NOT):

OTHER INFORMATION YOU WISH TO BRING TO OUR ATTENTION:

