



CONFIDENTIAL CLIENT INFORMATION FORM

DATE: _____

REFERRED BY: _____

TYPE OF MATTER

- Family Law/Divorce/Custody
- Litigation

- Will/Trusts/Probate Estate
- Contracts

- Real Estate
- Other: _____

CLIENT INFORMATION

FULL LEGAL NAME _____ a/k/a _____
FIRST M.I. LAST

ADDRESS _____
STREET ADDRESS CITY STATE ZIP CODE

COUNTY _____ EMAIL ADDRESS _____

TELEPHONE # Business (____) _____ Home (____) _____ Cellular (____) _____

DATE/PLACE OF BIRTH _____ AGE ____ SOCIAL SECURITY # _____

EMPLOYER Company _____ Position/Title _____
Address _____ How Long Employed _____

MARITAL STATUS Single Divorced Married Widowed DATE/PLACE OF MARRIAGE _____

SPOUSE/SIGNIFICANT OTHER'S INFORMATION

FULL LEGAL NAME _____ a/k/a _____
FIRST M.I. LAST

ADDRESS _____
STREET ADDRESS COUNTY CITY STATE ZIP CODE

TELEPHONE # Home (____) _____ Business (____) _____ Cell (____) _____

DATE/PLACE OF BIRTH _____ AGE ____ SOCIAL SECURITY # _____

EMPLOYER Company _____ Position/Title _____
Address _____ How Long Employed _____

CHILDREN'S INFORMATION

<u>Full Legal Name</u>	<u>Date of Birth</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____