

NEW CLIENT INFORMATION

Please print the following:

Date: _____

Name:		
Mailing Address:		County:
City:	State:	Zip:
Street Address:		County:
City:	State:	Zip:
Home Phone:	Cell Phone:	E-Mail Address:
Place of Employment:		
Employment Address:		
City:	State:	Zip:
Work Phone:	May We Contact You At Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you referred to this office (please check one): <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Harbor House <input type="checkbox"/> Lawyer Referral Service <input type="checkbox"/> Legal Aid <input type="checkbox"/> Another Attorney (_____)		
<input type="checkbox"/> Other (_____)		
Name Address and Telephone of Nearest Living Relative:		
Name:		
Mailing Address:		
City:	State:	Zip:
Tell us what brings you to see an attorney: _____		

FOR OFFICE USE ONLY	
Ret:	Special Terms:
CD:	
HR:	

FAMILY LAW WORKSHEET

YOUR LEGAL NAME:	
DATE OF BIRTH:	
AGE:	
TELEPHONE NUMBER:	
HOME ADDRESS:	
CITY, STATE, ZIP CODE:	
YOUR SOCIAL SECURITY NUMBER:	
FLORIDA RESIDENT SINCE WHAT DATE:	
YOUR OCCUPATION:	
YOUR EMPLOYER:	
YOUR WORK TELEPHONE NUMBER:	
YOUR WORK ADDRESS:	
CITY, STATE, ZIP CODE:	
EMPLOYED SINCE WHAT DATE:	
YOUR AVERAGE ANNUAL INCOME:	
SPOUSE/OTHER PARTY'S LEGAL NAME:	
DATE OF BIRTH:	
AGE:	
TELEPHONE NUMBER:	
HOME ADDRESS:	
CITY, STATE, ZIP CODE:	
SOCIAL SECURITY NUMBER:	
OCCUPATION:	
EMPLOYER:	
WORK TELEPHONE NUMBER:	
WORK ADDRESS:	
CITY, STATE, ZIP CODE:	
EMPLOYED SINCE WHAT DATE:	
AVERAGE ANNUAL INCOME:	
EMAIL:	

IF THIS WILL BE A DIVORCE CASE, PLEASE ANSWER THE FOLLOWING:		
DATE OF MARRIAGE:		
CITY AND STATE OF MARRIAGE:		
COUNTY OF MARRIAGE:		
DATE OF SEPARATION FROM SPOUSE:		
REASON FOR DIVORCE:		
IF YOU ARE A WIFE, WHAT IS YOUR MAIDEN NAME?		
DO YOU WISH YOUR MAIDEN NAME RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YOU HAVE CHILDREN (NATURAL OR ADOPTED), PLEASE LIST:		
(1) NAME:	D.O.B.:	SSN:
(2) NAME:	D.O.B.:	SSN:
(3) NAME:	D.O.B.:	SSN:
(4) NAME:	D.O.B.:	SSN:
LIST ALL RESIDENCES WHERE THE CHILDREN HAVE RESIDED WITHIN THE PAST FIVE (5) YEARS. ALSO, PLEASE LIST WITH WHOM THE CHILD(REN) HAVE LIVED DURING THAT TIME:		
(1) PRESENT RESIDENCE:	FROM: _____ UNTIL: _____	
CHILD(REN) LIVE WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER		
(2) RESIDENCE:	FROM: _____ UNTIL: _____	
CHILD(REN) LIVE WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER		
(3) RESIDENCE:	FROM: _____ UNTIL: _____	
CHILD(REN) LIVE WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER		
(4) PRESENT RESIDENCE:	FROM: _____ UNTIL: _____	
CHILD(REN) LIVE WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER		
DO YOU SEEK CUSTODY OF THE CHILDREN: <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHO ARE THE CHILDREN LIVING WITH AT THIS MOMENT:		
SPECIAL ISSUES OF CONCERN TO YOU (WHAT ARE YOU MOST WORRIED ABOUT):		
ARE EITHER YOU OR THE OPPOSING PARTY IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

IF THIS IS A DIVORCE, PLEASE LIST ALL:

A. REAL AND INTANGIBLE PROPERTY OWNED WITH SPOUSE OR ACCRUED DURING MARRIAGE (HOME, CARS, STOCKS, BONDS, ETC,)

1.

2.

3.

4.

5.

B. DEBTS ACCRUED DURING MARRIAGE

1.

2.

3.

4.

5.

IF THERE HAS BEEN ANY VIOLENCE IN YOUR RELATIONSHIP WITH YOUR SPOUSE, OR WITH THE OPPOSING PARTY, PLEASE GIVE TYPE OF VIOLENCE AND DATES IF POSSIBLE:

1.

2.

3.

4.

5.

WHO CARRIES MEDICAL INSURANCE?