



**Full Name:** \_\_\_\_\_  
                            First                              Middle                              Last

Maiden Name: (If Applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
                            (mm/dd/yyyy)                              City              State or Foreign Country

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Current Address:

\_\_\_\_\_  
                            Street No. and Name              City              State              Zip

County: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

Home phone: (     ) \_\_\_\_\_ Cell phone: (     ) \_\_\_\_\_

Office Phone: (     ) \_\_\_\_\_ Pager: (     ) \_\_\_\_\_

Fax (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you have a website or internet page? (i.e. MySpace.com, Match.com, Plentyoffish.com, Craigslist.com, personal page, etc.) Yes    or    No

Website name(s) and Screen Name(s) \_\_\_\_\_

Describe year and make of vehicle you drive: \_\_\_\_\_

Is there a loan on your vehicle? \_\_\_\_\_ If so with whom? \_\_\_\_\_

At what address do you wish to receive mail from this office?

\_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

If you found us via the internet, check the appropriate box:

\_\_\_\_\_ DivorceNet              \_\_\_\_\_ LegalMatch.com              \_\_\_\_\_ Lawyer.com

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Employer's Telephone number: (    ) \_\_\_\_\_

Employer's Fax number: (    ) \_\_\_\_\_

May we call you at work? \_\_\_\_\_ Gross salary per month or annually: \_\_\_\_\_

**About the parent (s) of the child in the case:** (the opposing party)

Full name: \_\_\_\_\_  
                                First                                Middle                                Last

Maiden Name: (If Applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
  City  State or Foreign Country

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Current Address: \_\_\_\_\_

County: \_\_\_\_\_

Relationship with children: \_\_\_\_\_

Describe the year and make of the car he/she drives: \_\_\_\_\_

Is there a loan on the vehicle? \_\_\_\_\_ If so, who is the loan with? \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

Office Phone: (    ) \_\_\_\_\_ Pager: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Website/Screen Name \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_



Email Address: \_\_\_\_\_

Website/Screen Name \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone number: (     ) \_\_\_\_\_

Employer's Fax number: (     ) \_\_\_\_\_

Please list any arrest(s) and/or conviction(s) along with the location of each:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any CPS history:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**About the children:** Number of Minor Children: \_\_\_\_\_

**Child No. 1**

Name: \_\_\_\_\_  
First Middle Last

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(mm/dd/yyyy)

Place of Birth: \_\_\_\_\_  
City County State or Foreign Country

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who does this child live with: \_\_\_\_\_



Place of Birth: \_\_\_\_\_  
City County State or Foreign Country

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who does this child live with: \_\_\_\_\_

Names of biological parents:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

*If you need more space, please use a separate sheet of paper or write on the back.*

Will there be a dispute over the children? \_\_\_\_\_

If *not*, with whom will custody be? \_\_\_\_\_

Do any of your children have special needs? **Please explain:** \_\_\_\_\_

\_\_\_\_\_

**Health Insurance Coverage for the Children:**

What Insurance do you have? \_\_\_\_\_

What is covered (health, dental, vision, eye?) \_\_\_\_\_

Is it carried through an employer? \_\_\_\_\_ If so, yours or your spouses? \_\_\_\_\_

How much is the coverage for JUST the children per month? \_\_\_\_\_

If insurance is through an employer does the other spouse have insurance available through their employer or other organization? \_\_\_\_\_