

CLIENT INFORMATION

Client Name: _____ Date: _____

Please complete all pages as accurately as possible for our client records.

Referred by: _____

Have you received service of legal documents? _____ yes _____ no

Have you contacted any other attorneys regarding this matter? If so, please list _____

Has any other attorney represented you in this matter? If so, please list _____

Personal Information:

Client:

Name: _____

Mr./Mrs./Ms./Miss (circle)

Birth Date: _____

Soc. Sec. No.: _____

Home address (including zip code):

Home phone: _____

Cell phone: _____

Email: _____

Employer: _____

Address: _____

Work phone: _____

Is it OK to contact you at work? _____ yes _____ no

Is it OK to mail correspondence to your residence? _____ yes _____ no

Emergency contact person:

Phone: _____

Spouse/Opposing party:

Name: _____

Mr./Mrs./Ms./Miss (circle)

Birth Date: _____

Soc. Sec. No.: _____

Home address (including zip code):

Home phone: _____

Employer: _____

Address: _____

Work phone: _____

Opposing party's attorney:

Marriage Information:

Date of Marriage: _____

Separation date: _____

Place of marriage (including county): _____

County where you last lived: _____

DUNN & MILLER P.A.

Wife's maiden name: _____

Do you wish to have your name restored to a former name? ____ If so, please write full name:

If this is a modification action:

Final judgment date: _____

County/State: _____

List any other actions involving you and/or the opposing party, i.e. Domestic violence cases,
Juvenile dependency case, etc.: _____

Children:

Names:	Birth Dates:	Ages:	Social Security Numbers:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children's residence for the last five (5) years:

Place:	Dates:
_____	_____
_____	_____
_____	_____
_____	_____

GENERAL INFORMATION:

Is there jointly owned real property? _____ yes _____ no

Address(es) of property: _____

Is there nonmarital property? _____ yes _____ no

Address(es) of property: _____

Are there pension/retirement benefits? _____ yes _____ no

Whose? _____ Husband _____ Wife _____ Both parties

Is there a current health insurance policy? _____ yes _____ no

Whose? _____ Husband _____ Wife _____ Both parties

Who covers the minor children? _____ Husband _____ Wife

DUNN & MILLER P.A.

Are there current life insurance policies? _____ yes _____ no
Whose? _____ Husband _____ Wife _____ Both parties
Face value: _____

ISSUES AND PRIORITIES:

What do you see as the issues to be resolved? How would you like to see them settled?

Have you been injured in any way, physically or emotionally, by your spouse? Please explain:

For Office use only:

Client number: _____

Jurisdiction: _____

Case number: _____

Circuit: _____

Opposing counsel: _____

Additional Notes:

Added to Conflicts _____ Date _____ Initials _____

Letter to Client _____ Letter to Referral _____

COPY OF DRIVERS LICENSE; please make sure we have this.