

CLIENT'S CONTACT INFORMATION	
NAME:	
ADDRESS:	
HOME PHONE:	
CELL PHONE:	
WORK PHONE:	
FAX NUMBER:	
EMAIL ADDRESS:	

HUSBAND	
Full Name:	
Social Security Number:	
Residence:	
State of Birth:	
Date of Birth:	

WIFE	
Full Name:	
Social Security Number:	
Residence:	
State of Birth:	
Date of Birth:	

MARRIAGE	
Date of Marriage:	
Place of Marriage:	
Date Couple Last Resided in Same Household:	
Number of Children Born of This Marriage:	
Children Under 18 in This Household:	

Children of Present Marriage (Born or Adopted)			
	NAME	BIRTH DATE	SEX
1			
2			
3			
4			

Is the wife pregnant?

If yes, is the husband the father?

Who presently has custody?

Has there been a custody order?

If yes, bring it with you.

Do any of the children have any extraordinary expenses? (i.e., education, handicap, medical, dental, etc.)

What is your position on custody? What is the basis of this

Will custody be a problem?