

Client Information Form (Domestic Relations Petitions)

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security No: \_\_\_\_\_

Phones: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Residential Address: \_\_\_\_\_ Billing Address (if different): \_\_\_\_\_ E-mail address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security No: \_\_\_\_\_

Residential Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse's occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Marriage: \_\_\_/\_\_\_/\_\_\_ Location (county/state) of marriage: \_\_\_\_\_

Date of most recent separation: \_\_\_/\_\_\_/\_\_\_ Have there been other separations? Y / N

Date you moved to Florida: \_\_\_/\_\_\_/\_\_\_ Have you attended marital counseling? Y / N

Marital residence (where you both last lived together): Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Dates of Birth: \_\_\_\_\_ Social Security Numbers: \_\_\_\_\_ County/State of Birth: \_\_\_\_\_

\_\_\_\_\_ /\_\_\_/\_\_\_ \_\_\_\_\_

\_\_\_\_\_ /\_\_\_/\_\_\_ \_\_\_\_\_

\_\_\_\_\_ /\_\_\_/\_\_\_ \_\_\_\_\_

As to each child, using a separate page if necessary, state 1) each address where the child has lived 2) dates (s)he lived there, and 3) with whom for the past 5 years: \_\_\_\_\_

What relief are you seeking from the court (e.g. distribution of assets or liabilities, child custody, alimony, etc.)? Be as specific as possible (e.g. list bank institutions and accounts, etc., child visitation schedule), using a separate page if necessary: \_\_\_\_\_

Will the Petition be contested? (Will your spouse dispute any of the relief you are seeking from the court?) Y / N

If so, indicate which will be contested: \_\_\_\_\_

If your spouse needs to be served paperwork by a Sheriff, when is the best time/day of the week to serve your spouse at work and/or residence? \_\_\_\_\_

List any special problems that you anticipate (i.e. violent nature of opposing party, presence of guns in the home, excessive use of alcohol or drugs, etc.): \_\_\_\_\_

Do you want your maiden name restored? Y / N Have you ever been convicted of a felony or adjudicated bankrupt? Y / N

Maiden Name \_\_\_\_\_ Spouse's attorney, if any: \_\_\_\_\_