## Client Information Form (Domestic Relations Petitions)

Client Full Name:	Date of Birth://	Social Security No:
Residential Address:	Billing Address (if different):	E-mail address:
		Home phone:
		Cell phone:
		Other phone:
Occupation:	Annual Income:	Employer's Name:
Spouse's Full Name:	Date of Birth://	Social Security No:
	- -	
Spouse's occupation:	- Annual Income:	Employer's Name:
Address of Employer:		
Date of most recent separation://_ Date you moved to Florida://	on (county/state) of marriage: Have there been other separations? Y / I Have you attended marital counseling? Y together): Street:	N
Children's Full Names (First, Middle, Last)	Dates of Birth: Social Securit	ty Numbers: County/State of Birth: Gender:
As to each child, using a separate page if n whom for the past 5 years:	ecessary, state 1) each address where the chil	ld has lived 2) dates (s)he lived there, and 3) with
		stody, alimony, etc.)? Be as specific as possible (e.g. f necessary:
Will the Petition be contested? (Will your sp	ouse 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 paperwo	rk by a Sheriff, when is the best time/day of the	e week to serve your spouse at work and/or residence?
	e (i.e. violent nature of opposing party, present	ce of guns in the home, excessive use of alcohol or
Does the Wife want her maiden name resto	red? Y / N Has she ever been convicted of a	a felony or adjudicated bankrupt? Y / N
Maiden Name	Spouse's attorney, if any:	
How did you hear about Gwen J. Cryer, P.A.	A.? Referral / Internet / Other:	
If referral, by whom:	If Internet, whe	ere: Google / Avvo / Nolo / Superpages

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