## **CLIENT INFORMATION**

| Full Name:                               |  |
|--|--|
| Date of Birth:                           | _ Place of Birth:                              |
| Social Security Number:                  |  |
| Street Address:                          |  |
| City, State, Zip:                        |  |
| Is this where you wish to receive mail?: | YES/NO (If no, provide mailing address below): |
| Home Phone:                              | _ Cell Phone:                                  |
| Work Phone:                              | Employer:                                      |
| Email:                                   |  |
| Please list (2) emergency contact names/ | numbers:                                       |
|  | City, State:                                   |
| -  | your spouse:                                   |
|  |  |
| How long have you resided in Florida?:   |  |
| Please provide the following information | about your spouse:                             |
| Full Name:                               |  |
|  |  |
| City, State, Zip:                        |  |
| Telephone number(s):                     |  |
| Date of Birth:                           | _ SSN:   |
| Employer:                                |  |
| Title/Occupation:                        | Gross Salary:                                  |
| Other sources of income:                 |  |
| Average monthly income from all source   | es \$  |
| Do you want a maiden/former name res     | tored? YES/NO                                  |
| If yes, print the full name below:       |  |

If this case involves minor children, provide the following information for each child:

| Full Name:               |  |
|--------------------------|--|
| Gender:                  |  |
| DOB:                     |  |
| SSN:                     |  |
| City, State<br>of birth: |  |

Have there been prior court proceedings between you and the other party? YES/NO Has there ever been domestic violence? YES/NO. Were the police called? YES/NO If yes, when did this incident occur?\_\_\_\_\_

Did either spouse receive medical attention? YES/NO

Names and phone numbers of any witnesses to incidents of domestic violence:

Indicate your priorities by assigning numbers to the issues below, with 1 being your highest priority:

| Issue                      | Priority | Issue                   | Priority |
|----------------------------|----------|-------------------------|----------|
| Shared or Sole Custody     |          | Parenting Time Schedule |          |
| Child Support              |          | Alimony                 |          |
| Property Distribution      |          | Attorney's fees         |          |
| Restraining abusive spouse |          | Other:                  |          |

Please note any other concerns or issues you believe require emergency or immediate attention:\_\_\_\_\_

How were you referred to our office? Check any/all that apply:

| Phonebook  | Website | Other: |
|--|---------|--------|
| Referral from: Please indicate the name of the party who referred you: |         |        |