

Client Information – **Family Law**

Date: ___ / ___ / _____

Client Name: _____ Maiden Name: _____
 Home Address: _____ Apt. _____
 City: _____ State: _____ ZIP: _____
 Length of residence in Ohio: _____

Employer : _____ Occupation: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: (____) _____ Work Phone: (____) _____
 Cell Phone: (____) _____ e-mail: _____

Spouse Name: _____ Maiden Name: _____
 Home Address: _____ Apt. _____
 City: _____ State: _____ ZIP: _____
 Length of residence in Ohio: _____

Marriage Place: _____ Marriage Date: ___ / ___ / _____
 Separation Place: _____ Separation Date: ___ / ___ / _____

Children of Marriage & Birth Date: _____

 Other Children & Birth Date: _____

Vital Statistics	Client	Spouse
Place of Birth		
Date of Birth		
Social Security		
Driver's License		
Education		
Armed Forces Status		
Citizenship		
Annual Income		
No. of Previous Marriages		
Maiden Name Restored?		

Referred by: _____