

MCBRIDE & MCBRIDE LAW OFFICES

DIVORCE CLIENT INFORMATION SHEET

Date: _____

Who referred you to our office? _____

Have you spoken to another lawyer about this case?

Yes No Who: _____

Part 1. Your Information (Person seeking legal representation)

A. Your full legal name:

First Name

Full Middle Name

Last Name

Please list all former names (Maiden names, etc): _____

B. Your Personal & Contact Information

Social Security Number

Date of Birth MM/DD/YY

Work Phone Number

Home Phone Number

Mobile Phone Number

May we contact you by E-mail? Yes No

Main E-mail Address

Home Address

Street

City

State

Zip

Is this also your mailing address? Yes No

If No, please enter your preferred mailing address: _____

C. Your Employment Information

1. Current Employer

Name of Employer

Title or Occupation

Length of Time at Employer

Employer's Address or Location

\$ _____
Approximate wage/salary/compensation

2. Previous Employer

Name of previous Employer

Title or Occupation

Length of Time at Employer

Part 2. Emergency Contact (Someone who always knows how to reach you)

Full Name

Relationship

Phone Number

Part 3. Your Marriage Information

When were you married? _____

Where were you married? _____ (city, state)

Have you separated?

Yes No

If yes, when? _____

Have you ever been married before?

Yes No

Has your spouse ever been married before?

Yes No

Do you own your own home?

Yes No

Do you have a retirement account?

Yes No

Do you have children from this relationship?

Yes No

If Yes, please fill out Child Supplement

(Continued on the Next Side)

Part 4. Your Spouse's Information

A. Spouse's full legal name:

First Name Full Middle Name Last Name
Please list all former names (Maiden names, etc): _____

B. Spouse's Personal & Contact Information

Social Security Number Date of Birth MM/DD/YY

Work Phone Number Home Phone Number Mobile Phone Number

Main E-mail Address May we contact you by E-mail? **Yes** **No**

Home Address

Street City State Zip
Is this also their mailing address? **Yes** **No**
If No, please enter their mailing address: _____

C. Spouse's Employment Information

1. Current Employer

Name of Spouse's Employer Title or Occupation Length of Time at Employer

Employer's Address or Location \$ Approximate wage/salary/compensation

2. Previous Employer

Name of previous Employer Title or Occupation Length of Time at Employer

Part 5. Contested Issues

Please circle the contested issues:

Property Division Child Custody & Visitation Child Support Support Alimony

Please describe your desired outcome for all issues:

Office Use

Retainer Fee: _____
Payment agreement: _____

notes: