

Confidential Information Sheet

Date: _____
Full Name: _____ Maiden or other Names _____
Home Address: _____
County of home address: _____ Years at this address: _____
Can you be contacted at this address? Yes No
If you checked "No," please provide an alternate confidential address:

Date of birth: _____ Social Security Number: _____
Contact Information (please Only list numbers and email addresses that we may use to contact you)
Work Phone: _____ Cell Phone: _____
Home Phone: _____ Email address: _____
Are you or were you ever a member of the Armed Forces of the United States? Yes No
If so, please state the branch and dates of service: _____

Case Information

Reason for Consultation: _____
Type of Matter: Divorce or Legal Separation Contempt Paternity
 Injunction Post-Judgment Modification Pre-Nuptial Agreement
County where Matter will take place: _____

Information about the Opposing Party

Name: _____ Maiden or other Names _____
Home Address: _____
County of home address: _____ Years at this address: _____
Date of birth: _____ Social Security Number: _____
Is or was the opposing party a member of the Armed Forces of the United States? Yes No
If so, please state the branch and dates of service: _____

Marriage History

Date of Marriage: _____ Date of Divorce: _____
Place of marriage (city, county, state): _____

Number of this marriage: for you: _____ for opposing party: _____
Are you and opposing party living together now? Yes No Date of separation: _____

If you have been married before, list the names of prior spouse(s), how the prior marriage(s) ended, the date it ended, and if there are other children not of this marriage:

If the opposing party has been married before, list the names of prior spouse(s), how the prior marriage(s) ended, the date it ended, and if there are other children not of this marriage:

Information about your children

Name	Date of Birth	Living With	Social Security Number

List each address where your children have resided over the previous 5 years:

Do any of your children have exceptional health or dental needs? Yes No
If so, please explain: _____

Do any of your children have exceptional or special education needs? Yes No
If so, please explain: _____

Have you or your spouse participated in any capacity in any litigation concerning any of your children? Yes No If so, please explain: _____

Information about your employment

Are you employed? Yes No
Name of Employer: _____ Job Title: _____
Address of Employer: _____
Salary or Hourly rate: _____ Employed since: _____
If unemployed, last job: _____
Gross annual wages (as reported on your most recent tax return): _____

Please check the highest level of education/training for you:
 Grade school High School GED Vocational College Post Graduate

Information about Opposing Party's employment

Is the opposing party employed? Yes No

Name of Employer: _____ Job Title: _____

Address of Employer: _____

Salary or Hourly rate: _____ Employed since: _____

If unemployed, last job: _____

Gross annual wages (as reported on most recent tax return): _____

Please check the highest level of education/training for the opposing party:

Grade school High School GED Vocational College Post Graduate

Additional Information

Has the opposing party consulted an attorney regarding this matter? Yes No

Name of attorney, if known: _____

Have you signed anything which may affect this case, including prenuptial or postnuptial agreements, or other documents presented by the opposing party? Yes No

If so, please describe the document: _____

Are there any potential/pending personal injury or worker compensation claims? Yes No

Are there any existing Court or Administrative Orders with this opposing party? Yes No

Are you and the opposing party both U.S. citizens? Yes No

Do you or the opposing party have a MySpace, Facebook, or Twitter account? Yes No

Are there any pending court dates? Yes No

If yes, state type of court setting, date, and location: _____