

CLIENT INFORMATION
FOR THE LAW OFFICE OF JENNIFER MOREY CALDWELL
(DIVORCE)

Gave to Client:

- Folder
- Notebook
- Inventory

* ALL INFORMATION IS NECESSARY. PLEASE READ CAREFULLY AND FILL OUT ALL PAGES COMPLETELY.

TODAY'S DATE: _____

REFERRED BY: _____

CLIENT INFORMATION:

SPOUSE INFORMATION:

FULL NAME: _____

FULL NAME: _____

PHYSICAL ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

COUNTY: _____ HOW LONG: _____

COUNTY: _____ HOW LONG: _____

MAILING ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

HOME PHONE: (____) _____

HOME PHONE: (____) _____

MOBILE PHONE: (____) _____

MOBILE PHONE: (____) _____

WORK PHONE: (____) _____

WORK PHONE: (____) _____

Email Address: _____

Email Address: _____

Fax Number: (____) _____

Fax Number: (____) _____

EMPLOYMENT: _____

EMPLOYMENT: _____

BUSINESS ADDRESS: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

GROSS INCOME: _____ PER: _____

GROSS INCOME: _____ PER: _____

TAKE HOME INCOME: _____ PER: _____

TAKE HOME INCOME: _____ PER: _____

PAID EVERY: _____

PAID EVERY: _____

DL#: _____ STATE: _____

DL#: _____ STATE: _____

SS#: _____

SS#: _____

AGE: _____ DATE OF BIRTH: _____

AGE: _____ DATE OF BIRTH: _____

RACE OR COLOR: _____

RACE OR COLOR: _____

STATE AND CITY OF BIRTH: _____

STATE AND CITY OF BIRTH: _____

AUTOMOBILE: _____

AUTOMOBILE: _____

VIN: _____

VIN: _____

DEBT TO: _____

DEBT TO: _____

INFORMATION REGARDING THE MARRIAGE

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____
CITY, STATE MARRIED IN: _____

HAVE YOU OR YOUR SPOUSE EVER FILED FOR A DIVORCE FOR THIS MARRIAGE BEFORE? _____
IF YES, WHEN? _____ WHERE? _____

LIST ALL COMMUNITY PROPERTY (Property purchased or acquired during the marriage other than inheritance or gifts):

- 1. _____ 6. _____
- 2. _____ 7. _____
- 3. _____ 8. _____
- 4. _____ 9. _____
- 5. _____ 10. _____

MARITAL DIFFICULTIES INVOLVING: (CHECK ANY THAT APPLY)

- _____ DRUGS/ALCOHOL
- _____ SEXUAL DISAPPOINTMENT
- _____ SEXUAL INFIDELITY
- _____ FINANCIAL DISPUTES
- _____ PHYSICAL VIOLENCE
- _____ RELIGION
- _____ INCOMPATIBILITY
- _____ OTHER: _____

CHILDREN ADOPTED OR BORN BY PARTIES OF THIS MARRIAGE:

	<u>NAME</u>	<u>SSN#</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF BIRTH</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

CHILDREN RESIDE WITH: _____

ADDRESSES WHERE CHILD(REN) RESIDED IN DURING LAST 5 YEARS AND WITH WHOM THEY RESIDED:

- 1. _____
- 2. _____
- 3. _____

WILL THERE BE A DISPUTE OVER CUSTODY OF THE CHILDREN? _____
IF NOT, CUSTODY WILL BE WITH WHOM? _____

DO THE CHILDREN OWN ANY PROPERTY? _____

IS FEMALE PREGNANT? _____

ANY CHILDREN NOT CONCEIVED OF THIS MARRIAGE? _____

MAIDEN NAME OF WIFE: _____

DOES WIFE WISH TO RESTORE MAIDEN NAME? _____

HAVE YOU BEEN MARRIED BEFORE? _____ IF SO, HOW MANY TIMES? _____
SPOUSE? _____ IF SO, HOW MANY TIMES? _____

INFORMATION REGARDING PREVIOUS MARRIAGES

CLIENT INFORMATION:

NAME OF PREVIOUS SPOUSE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
HOME PHONE: (_____) _____
WORK PHONE: (_____) _____
DATE OF MARRIAGE: _____
DATE DIVORCE WAS FINAL: _____
CAUSE NO. OF DIVORCE: (IF KNOWN) _____

SPOUSE INFORMATION:

NAME OF PREVIOUS SPOUSE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
HOME PHONE: (_____) _____
WORK PHONE: (_____) _____
DATE OF MARRIAGE: _____
DATE DIVORCE WAS FINAL: _____
CAUSE NO. OF DIVORCE: (IF KNOWN) _____

DO YOU OR YOUR SPOUSE HAVE CHILDREN OF A PREVIOUS MARRIAGE UNDER 18 YEARS OF AGE? IF SO, COMPLETE THE FOLLOWING:

	NAME	SS#	SEX	DATE OF BIRTH	PLACE OF BIRTH
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

WITH WHOM DO THESE CHILDREN RESIDE? _____
DO YOU PAY OR RECEIVE CHILD SUPPORT? _____ DOES YOUR SPOUSE? _____ IF SO, HOW MUCH A MONTH PER CHILD? _____

GENERAL INFORMATION

WHAT IS YOUR RELIGIOUS PREFERENCE? _____
WHAT IS YOUR SPOUSE'S RELIGIOUS PREFERENCE? _____
DO YOU OR YOUR SPOUSE HAVE A PREMARITAL OR POSTMARITAL AGREEMENT? _____
DOES YOUR SPOUSE CURRENTLY HAVE AN ATTORNEY? _____ IF SO, WHO? _____

ASSET AND DEBT INFORMATION

PLEASE MARK THE ANY OF THE FOLLOWING THAT YOU OR YOUR SPOUSE HAS INTEREST IN:

CLIENT'S SEPARATE PROPERTY:

_____ REAL ESTATE , IF SO, NO. OF PIECES OF PROPERTY:

_____ STOCKS, BONDS AND/OR SECURITIES
_____ IRA'S
_____ CD'S
_____ RETIREMENT, ETC.
_____ OWN OR OPERATE A BUSINESS. IF SO, NAME OF BUSINESS: _____
IS IT A CORPORATION, SOLE PROPRIETORSHIP, OR PARTNERSHIP: _____

SPOUSE'S SEPARATE PROPERTY:

_____ REAL ESTATE, IF SO, NO. OF PIECES OF PROPERTY:

_____ STOCKS, BONDS, AND/OR SECURITIES
_____ IRA'S
_____ CD'S
_____ RETIREMENT, ETC.
_____ OWN OR OPERATE A BUSINESS. IF SO, NAME OF BUSINESS: _____
IS IT A CORPORATION, SOLE PROPRIETORSHIP OR PARTNERSHIP: _____

INFORMATION FOR SERVICE OF PROCESS

INSTRUCTIONS

Please complete the following items respecting the opposing party (i.e. spouse, ex-spouse, etc.) If you have a picture of this individual, please leave it with our office. We cannot guarantee the return of photos. The following information will only be used in the event that it is necessary for the process server to serve the papers to your opponent. Please complete this information even though you do not wish to have papers served at this time. Unless the attorney has indicated otherwise, DO NOT TELL OUR OPPONENT THAT HE OR SHE IS ABOUT TO BE SERVED. Failure to comply with these instructions may result in the attorney and process server being unable to rapidly and effectively protect you and your rights. It further may cost you additional service fees and attorney's fees.

FULL NAME: _____ HIS/HER AGE: _____

NICKNAMES: _____

PLACE OF EMPLOYMENT: _____ POSITION: _____

ADDRESS: _____

DAYS AND HOURS WORKED: _____

PLACE OF RESIDENCE: _____

VEHICLE DRIVEN: MAKE: _____ MODEL _____

LICENSE NUMBER: _____ TOP COLOR _____ BODY COLOR _____

PHYSICAL DESCRIPTION: HEIGHT _____ WEIGHT _____

HAIR COLOR: _____ HAIR LENGTH: _____ EYES: _____

BUILD: SLIM, MEDIUM, HEAVY (circle one)

OTHER: List any other physical characteristics, identifying marks, favorite locations that may help us locate your opponent for service. Please note anything unusual regarding the vehicle driven by the person to be served (tinted windows, bumper sticker, radio/cellular phone antenna, body damage, etc.):

Will this individual evade service of process? Yes or No

Do you consider this person to be potentially dangerous to this process server? Yes or No

Telephone number where we may reach you for further information: _____