

DOMESTIC INFORMATION SHEET

Date: _____

Client's Full Name: _____ SSN: _____
(First) (Middle) (Last)

Home Address: _____

County: _____ Home/cell Phone: _____

Lived at Present Address Since: _____ Date of Birth: _____ State: _____

Spouse's Full Name: _____ SSN: _____
(First) (Middle) (Last)

Home Address: _____

County: _____ Home/cell Phone: _____

Lived at Present Address Since: _____ Date of Birth: _____ State: _____

Place of Marriage: _____ County/State: _____

Date of Marriage: _____ Date of Last Separation: _____

Number of this Marriage: _____
(Wife) (Husband)

Maiden Name (if applicable): _____

Do you want to resume your maiden name? _____

Do you own ANY joint property or have ANY joint debts? _____

Number of Children under age 18

Full Name	Date of Birth	Living With
_____	_____	_____
_____	_____	_____
_____	_____	_____

What do you want as far as custody/child support, etc.

Are you and your spouse living together now? _____
If not, where is the last place you lived together? (County) _____

What, in order of priority, do you want?

Attorney's Notes: _____