

CLIENT INFORMATION SHEET

Willick Law Group
3591 E. Bonanza Rd., Suite 200
Las Vegas, Nevada 89110-2101

Today's Date: How did you hear about this office?

Your Information

Name: Maiden Name:

Address: City: State: Zip Code:

Phone Numbers Home: Work: Email:

Cellular: Facsimile: Other:

Date of Birth: Social Security #: Years in Nevada:

Driver's License #: State Driver's License Issued:

Employer's Name and Address:

Employer's Phone # Present Occupation:

Type of Business: Dates of Employment: Work Hours:

Salary: Gross \$ Net \$ Per:

Education/Training:

Were/are you ☐ or your spouse ☐ in the Military? Branch/rank:

If military, Active Duty or Retired? Dates of Service:

Do you want your Maiden Name or any previous name restored? Name:

If you are already divorced from the other party in this action, Date of Divorce:

Are there any pensions (Retirement, 401k, IRA's, etc.) at issue?

CURRENT MARRIAGE AT ISSUE (IF APPLICABLE):

Date of Marriage: City and State of Marriage:

Are you and your spouse living together now? Date of Separation:

MARRIAGES BEFORE THE MARRIAGE AT ISSUE (IF APPLICABLE);

Name of Former Spouse:

Dissolved by: Death:

☐

Divorce:

☐

Annulment:

☐

Date of marriage: from:

Until:

Name of other former spouse:

Dissolved by: Death:

☐

Divorce:

☐

Annulment:

☐

Date of marriage: from:

Until:

SUBSEQUENT MARRIAGES (IF APPLICABLE):

If you are involved in post-divorce proceedings and have since remarried:

Name of current spouse:

Date of Marriage:

ADVERSE PARTY:

Name:

Maiden Name:

Address:

City:

State:

Zip Code:

Phone: Home:

Work:

Other:

Date of Birth::

Social Security #:

Years in Nevada:

Driver's License #:

State Driver's License Issued:

Employer's Name and Address:

Employer's Phone #:

Present Occupation:

Type of Business:

Dates of Employment:

Work Hours:

Salary: Gross \$

Net \$

Per:

Education/Training:

Attorney for other party (if known):

Name of adverse party's former spouse:

Dissolved by: Death

☐

Divorce:

☐

Annulment:

☐

Date of marriage: from:

until:

SUBSEQUENT MARRIAGES (IF APPLICABLE):

If you are involved in post-divorce proceedings and your spouse remarried since your divorce

Name of his or her current spouse:

Date of Marriage:

Currently living together?

CHILDREN OF YOURS WITH THE OTHER PARTY:

CHILD'S COMPLETE NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	WHO CHILD IS CURRENTLY LIVING WITH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER CHILDREN OF YOURS OR OF THE OTHER PARTY:

CHILD'S COMPLETE NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	WHO CHILD IS CURRENTLY LIVING WITH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CUSTODY AND VISITATION ISSUES:Current Custody and Visitation Arrangement:

Desired Custody Arrangement:

Legal Custody: Joint: Mother: Father: Physical Custody Joint: Mother: Father: Desired Visitation Arrangement: Visitation should be: Unsupervised: Supervised: If Supervised is being requested, please explain why: **CHILD SUPPORT**Do you currently pay child support for the child(ren) at issue? Yes: No: If yes, specify amount paid: \$ per:

Have all payments been made? Yes: ☐ No: ☐ If no, specify amount owed: \$

Do you currently receive child support for the child(ren) at issue? Yes: ☐ No: ☐

If yes, specify amount received: \$ per:

Have all payments been made? Yes: ☐ No: ☐ If no, specify amount owed: \$

Desired amount of Child Support to pay/receive: \$

Please specify whether any of the children at issue have special needs, i.e. private school, tutor, medical needs, sports activity, or training:

Child Support currently being paid to/received from a former spouse: \$ per:

Have all payments been made? Yes: ☐ No: ☐ If no, specify amount owed: \$

Who will provide medical insurance for the child(ren) at issue? Mother: ☐ Father: ☐ Both:

Who will pay for the child(ren)'s medical insurance? Mother: ☐ Father: ☐ Both:

How much does the medical insurance cost for the child(ren) at issue? \$ per:

Who will pay for out-of-pocket medical expenses for the child(ren)? Mother: ☐ Father: ☐ Both:

Are there presently any unreimbursed medical expenses for the child(ren)? Yes: ☐ No: ☐

If yes, please specify the amount owed for unreimbursed medical expenses: \$

Are there any other expenses for the child(ren) at issue? Yes: ☐ No: ☐

If yes, please explain:

If yes, please also specify, for which child:

TEMPORARY SPOUSAL SUPPORT:

Desired support or support amount currently being paid: \$ per:

Special Needs (including such items as rehabilitative training, medical problems):

PERMANENT ALIMONY OR PAYMENTS:

Currently paid to/received from a former spouse: \$ per: ; dates(s) through which such sums

are payable:

If not currently in place, or if some change in payments is sought, please specify:

DOMESTIC TORT ISSUES:

Has there ever been a physical assault, battery, intentional infliction of emotional distress, wiretapping or other interception of communications, infliction of disease, or harm to either party by the alleged negligence or fraud of the other? If so, provide details:

ARE THERE NOW, OR HAVE THERE BEEN ANY OTHER COURT ACTIONS IN THIS OR ANY OTHER STATE?

If so, please explain:

PROPERTY AND DEBT ISSUES:

Please fill out the Court form called "Financial Disclosure Form."

Have creditors been notified of impending divorce?

Has either party ever filed bankruptcy? If so, provide details:

WHAT ARE THE WORST THINGS THE OTHER SIDE MIGHT ALLEGE AGAINST YOU (TRUE OR NOT) NOT DETAILED ABOVE, AND IS THERE ANY BASIS FOR THEM?

OTHER INFORMATION THAT YOU WISH TO BRING TO MY ATTENTION: