

CLIENT INFORMATION SHEET

**WILLICK LAW GROUP
3591 E. Bonanza Road, Suite 200
Las Vegas, Nevada 89110**

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 No.:** _____ **Years in Nevada:** _____

Driver's License No.: _____ **State Driver's License Issued:** _____

Employer's Name and Address: _____

Employer's Phone No.: _____ **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__ **Dates of marriage: from** _____ **until** _____

Name of other former spouse: _____

Dissolved by: Death__ Divorce__ Annulment__ **Dates 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 No.: _____ Years in Nevada: _____

Driver's License No.: _____ State Driver's License Issued: _____

Employer's Name and Address: _____

Employer's Phone No.: _____ 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__ Dates of marriage: from _____ until _____

Name of any other former spouse: _____

Dissolved by: Death__ Divorce__ Annulment__ Dates 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

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

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: \$ _____
 (circle one)

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: _____
 (circle one)

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 specify explain: _____

If yes, please also specify, for which child: _____

TEMPORARY SPOUSAL SUPPORT: Desired support or support amount currently being paid: \$ _____ per: _____. Special Needs (include such items as rehabilitative training, medical problems): _____

PERMANENT ALIMONY OR PAYMENTS: currently paid to/received from a former spouse: \$ _____ per: _____; date(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 "Affidavit of Financial Condition." 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:
