CLIENT INFORMATION SHEET

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

YOUR INFORMATION:

Name: _____ Maiden Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Social Security #: _____ Years in NV: _____

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

Employer's Name & 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? If so, Branch / Rank: _____

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

Do you want your Maiden Name or any previous name restored? ___ YES ___ NO; Name:_____

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

Are there any pensions (Retirement, 401k, IRA, 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? ___ YES ___ NO 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: _____

Home Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Social Security #: _____ Years in NV: _____

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

Employer's Name & 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/her current spouse: _____

Date of Marriage: _____ Currently living together? ___ YES ___ NO

CHILDREN OF YOURS WITH THE OTHER PARTY:

CHILD'S COMPLETE NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY #	CURRENTLY LIVING WITH
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____

OTHER CHILDREN OF YOURS OR OF THE OTHER PARTY:

CHILD'S COMPLETE NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY #	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: $_____

Please specify whether any of the children at issue have special needs, i.e. private school, tutor, medical needs, sports, 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? MOM _____ DAD _____ BOTH _____

Who will pay for the child(ren)'s medical insurance? MOM _____ DAD _____ 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) at issue? MOM _____ DAD _____ BOTH _____

Are there presently any unreimbursed medical expenses for the child(ren)? YES _____ NO _____

If YES, please specify what and which child: _____

TEMPORARY SPOUSAL SUPPORT:

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

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

_____

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 is payments is sought, please specify:

_____

DOMESTIC TORT ISSUES

Has there ever been a physical or sexual 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, please provide details:

_____

_____

_____

Are there now, or have there been any other court actions in this or any other state? If so, please provide details:

_____

_____

PROPERTY AND DEBT ISSUES

Please complete the Court form called the "Financial Disclosure Form"

Have creditors been notified of impending divorce? YES _____ NO _____

Has either party ever filed bankruptcy? YES ____ NO ____ If YES, please specify: _____

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 YOU WISH TO BRING TO OUR ATTENTION: