

**DOMESTIC CLIENT INFORMATION FORM**

I agree to pay the fee for the initial consultation conference before I leave. Furthermore, I represent to the Law Offices of Shea & Barron, that all of the following information is true. I understand that payment of a consultation fee does not establish an attorney-client relationship, which must be done in a separate Fee Agreement.

**NOTE:** This form is only for routine information. Do not divulge any confidential details.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Prospective Client

Referred By: \_\_\_\_\_ May I thank this person and reference you? Y N

Have you seen our website, www.sheabarronlaw.com? Y N

**I. PROSPECTIVE CLIENT INFORMATION**

**FULL NAME** (First, Middle, Last): \_\_\_\_\_

Current County of Residence: \_\_\_\_\_

County of residence during the marriage: \_\_\_\_\_

Mailing Address (Address to be used for **confidential** correspondence and billing)

\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ OK to call? Y N

Business Phone: \_\_\_\_\_ OK to call? Y N

Mobile Phone: \_\_\_\_\_ OK to call? Y N

Personal email: \_\_\_\_\_ OK to email? Y N call first

Fax: \_\_\_\_\_ OK to fax? Y N call first

Which of the above is **preferred** method of contact? \_\_\_\_\_

Does your spouse know your email or voice mail passwords? Y N

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

General Health: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Salary: \_\_\_\_\_

Amount of other income: \_\_\_\_\_

Source of other income: \_\_\_\_\_

List other lawyers with whom you consulted about your domestic issues, whether recently or in the past: \_\_\_\_\_

\_\_\_\_\_

## II. SPOUSE INFORMATION

**FULL NAME** (first, middle, last): \_\_\_\_\_

County of residence: \_\_\_\_\_

Home address: \_\_\_\_\_

Business address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

General Health: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Salary: \_\_\_\_\_

Amount of other income: \_\_\_\_\_

Source of other income: \_\_\_\_\_

Does your spouse own any firearms? If so, describe? \_\_\_\_\_

\_\_\_\_\_

List other lawyers with whom your spouse has consulted, either recently or in the past (if known): \_\_\_\_\_

**III. CHILDREN INFORMATION**

Full names and birthdates of children of this marriage (indicate if a child is adopted):

1. \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

4. \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Have you or your spouse ever made use of assisted reproductive technology? Y N

Were any of your children conceived by any other method other than sexual intercourse between you and your spouse? Y N

Do you or your spouse have any interest in any frozen embryos or sperm? Y N

Do any of your children have disabilities? If so, explain: \_\_\_\_\_

\_\_\_\_\_

Any other minor children supported by either you or your spouse? If so, explain:

\_\_\_\_\_

**IV. MARRIAGE PARTICULARS**

Date of Marriage: \_\_\_\_\_

Place of Marriage (County/State) \_\_\_\_\_

Date Last Lived Together: \_\_\_\_\_

While married, what states have you lived in? \_\_\_\_\_

**V. PRIOR MARRIAGES/MAIDEN NAME**

Total number of marriages (including this one): YOU: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

Prior marriages ended by (reasons): \_\_\_\_\_

Names and ages of children from prior marriages:

\_\_\_\_\_ In Custody of: Mother Father

\_\_\_\_\_ In Custody of: Mother Father

Write Wife's full and exact maiden name: \_\_\_\_\_

Women Only – Do you want to resume your maiden name? Y N

**VI. PROPERTY**

DESCRIPTION/VALUE TITLE (CIRCLE ONE):

Marital Residence: \_\_\_\_\_ Husband Wife Joint

Real Estate #1: \_\_\_\_\_ Husband Wife Joint

Real Estate #2: \_\_\_\_\_ Husband Wife Joint

Savings Accounts: \_\_\_\_\_ Husband Wife Joint

Checking Accounts: \_\_\_\_\_ Husband Wife Joint

Retirement Account #1: \_\_\_\_\_ Husband Wife Joint

Retirement Account #2: \_\_\_\_\_ Husband Wife Joint

Other Accounts: \_\_\_\_\_ Husband Wife Joint

Life Insurance (cash value only): \_\_\_\_\_ Husband Wife Joint

Vehicle 1: \_\_\_\_\_ Husband Wife Joint

Vehicle 2: \_\_\_\_\_ Husband Wife Joint

Other Assets: \_\_\_\_\_ Husband Wife Joint

Do you or your spouse own a business? Y N Type: \_\_\_\_\_

Has it ever been appraised? If so, what is value? \_\_\_\_\_

**SIGNIFICANT DEBTS:**

Credit Cards: \_\_\_\_\_ Husband Wife Joint  
Mortgages: \_\_\_\_\_ Husband Wife Joint  
Autos: \_\_\_\_\_ Husband Wife Joint  
Student Loans: \_\_\_\_\_ Husband Wife Joint  
Other: \_\_\_\_\_ Husband Wife Joint

**VII. SUPPORT/ALIMONY**

Are you PAYING alimony to someone else? Y N If so, how much? \_\_\_\_\_  
Are you PAYING child support to someone else? Y N If so, how much? \_\_\_\_\_  
Are you RECEIVING alimony from someone else? Y N If so, how much? \_\_\_\_\_  
Are you RECEIVING child support from someone else? Y N If so, how much? \_\_\_\_\_

**VIII. PENDING ACTIONS**

Have you been served with any legal papers? If so, on what date were you served? \_\_\_\_\_  
\_\_\_\_\_

Were you served in person or by mail? \_\_\_\_\_

Is there any action currently pending in family court in connection with this matter? If so, which county? \_\_\_\_\_

Are you or your spouse presently named in any other lawsuits? If so, state the subject matter and jurisdiction: \_\_\_\_\_