

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: ____ Sex: ____

2. _____ DOB: _____ Age: ____ Sex: ____

3. _____ DOB: _____ Age: ____ Sex: ____

4. _____ DOB: _____ Age: ____ Sex: ____

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 |
| Other: _____ | 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: _____