DOMESTIC CLIENT INFORMATION FORM - DIVORCE/SEPARATION

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. <u>Do not divulge any confidential details.</u>

| Date | Signat | Signature of Prospective Client | | | |
|---|-------------------------------|---------------------------------|-----------|------------|--|
| | | | | | |
| Referred By: | May I thank this | s person and r | eferen | ce you? Y | |
| Have you seen our website, www.sheal | barronlaw.com? | Y N | | | |
| I. PROSPEC | CTIVE CLIENT INI | FORMATIO | <u>N</u> | | |
| FULL NAME (First, Middle, Last): | | | | | |
| Current County of Residence: | | | | | |
| County of residence during the marriag | ge: | | | | |
| Mailing Address (Address to be used for | or confidential corres | pondence and | l billing | g) | |
| | | | | | |
| | | | | | |
| Home Address: | | | | | |
| | | | | | |
| Mobile Phone: | OK to | call? Y | N | | |
| Home Phone: | OK to | call? Y | N | | |
| Business Phone: | OK to | call? Y | N | | |
| Personal email: | OK to | email? Y | N | call first | |
| Which of the above is preferred method | od 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: | | | |
| | | out your domestic issues, whether | |
| II. <u>FULL NAME</u> (first, middle, last | | INFORMATION | |
| County of residence: | | | |
| Home address: | | | |
| Business address: | | | |
| Home Phone: | I | 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 | | |
| List other lawyers with whom your | | |
| known): | | |
| III. | CHILDREN INFORMAT | CION |
| <u>Full</u> names and birthdates of childre | n 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 reproductiv | e technology? Y N |
| Were any of your children conceived your and your spouse? Y N | d by any other method othe | r than sexual intercourse betweer |
| Do you or your spouse have any inte | erest in any frozen embryos | or sperm? Y N |
| Do any of your children have disabi | lities? If so, explain: | |
| Any other minor children supported | by either you or your spous | se? If so, explain: |
| IV. 1 | MARRIAGE PARTICUL | ARS |
| 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 | J: SPO | USE: | _ | |
|--|---------------|--------------|---------|----------|
| Prior marriages ended by (reasons): | | | | |
| Names and ages of children from prior marriages: | | | | |
| | In Custody of | f: Mothe | er Fat | her |
| | In Custody of | f: Mothe | er Fat | her |
| Write Wife's <u>full</u> <u>and exact</u> maiden name: | | | | |
| Women Only – Do you want to resume your maiden i | name? Y | N | | |
| VI. PROPE | DT V | | | |
| VI. PROPE DESCRIPTION/VA | | TITLE | (CIDCI | E ONE) |
| | | | | · |
| Marital Residence: | | | | |
| Real Estate #1: | | | | |
| 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? | | | | |
| Was any of the above acquired by gift or inheritance? | YES NO | If ves. by H | lusband | or Wife? |

SIGNIFICANT DEBTS: Credit Cards: _____ Husband Wife Joint Husband Wife Joint Credit Cards: Mortgages: Husband Wife Joint Husband Wife Joint Student Loans: ____ Husband Wife Joint Husband Wife Joint Husband Wife Joint 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

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