

CLIENT INFORMATION CHECKLIST

Client full name: _____
Date of birth: _____
Full address: _____

Phone: _____ Fax: _____
Email: _____
Other Parties Full Name: _____
Date of Birth: _____
Full Address: _____
(Used to serve other party so please include unit or suite numbers)
Date of Marriage: _____ Date of Separation or Divorce: _____
Date of Cohabitation: _____ (If different than Date of Marriage)
Previous Divorce (Either Party, Date and Locale) _____
Other Support Order(s): _____

Children

Names: _____ DOB: _____
School: _____ Grade: _____
Resides With: _____
Names: _____ DOB: _____
School: _____ Grade: _____
Resides With: _____
Names: _____ DOB: _____
School: _____ Grade: _____
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School: _____ Grade: _____
Resides With: _____