

**DOMESTIC CLIENT INFORMATION FORM**

I agree to pay the fee for the initial consultation conference before I leave. Furthermore, I represent to David C. Shea, P.A., 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 send a thank you to this person? Y N

Have you seen my website, www.shea-law.com? Y N

**I. PROSPECTIVE CLIENT INFORMATION**

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

CURRENT COUNTY OF RESIDENCE: \_\_\_\_\_

COUNTY OF RESIDENCE DURING 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

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/VOICE MAIL PASSWORDS? Y N

DATE OF BIRTH: \_\_\_\_\_ 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: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ 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:

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

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

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

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

DO ANY OF YOUR CHILDREN HAVE ANY 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 MARRAGES (including this one): YOU: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

PRIOR MARRIAGE(s) ENDED BY: \_\_\_\_\_

NAMES, DATE OF BIRTH OF CHILDREN FROM PRIOR MARRIAGE:

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

WRITE FULL AND EXACT MAIDEN NAME: \_\_\_\_\_

DO YOU WANT TO RESUME YOUR MAIDEN NAME? Y N

**VI. PROPERTY**

DESCRIPTION/VALUE	TITLE (CIRCLE ONE):
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
RETIRMENT ACCOUNT #2: _____	HUSBAND WIFE JOINT
OTHER ACCOUNTS: _____	HUSBAND WIFE JOINT
LIFE INSURANCE: _____	HUSBAND WIFE JOINT
VEHICLE 1: _____	HUSBAND WIFE JOINT
VEHICLE 2: _____	HUSBAND WIFE JOINT
OTHER: _____	HUSBAND WIFE JOINT

DO YOU OR SPOUSE OWN A BUSINESS: \_\_\_\_\_ 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
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: \_\_\_\_\_