

FAMILY LAW WORKSHEET

Welcome to the Law Offices of Jacobson, McClean, Chmelir & Ferwerda

Please complete this form and provide the following information as part of our permanent record of consultations. PLEASE PRINT CLEARLY and provide all of the information required. The following information is confidential and protected by the attorney-client privilege. The information requested is not intended to invade your privacy, but enables us to evaluate your family law case.

PLEASE UNDERSTAND WE ARE NOT YOUR ATTORNEYS AND DO NOT REPRESENT YOU UNTIL A CONTRACT IS SIGNED.

CLIENT INFORMATION

Date: _____ Is this your first legal consultation? _____

Your full name: _____

Date of Birth: _____ Age: _____ SSN#: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Resident at address since: _____

Home phone: _____ Cell phone: _____

Email address: _____ Military Status: _____

Occupation: _____ Employer: _____

Work Address: _____ Work phone: _____

Length of employment: _____ Salary: _____
() Weekly () Bi-weekly () Monthly () Annually

SPOUSE/OPPOSING PARTY INFORMATION

Full Name of opposing party: _____

Date of Birth: _____ Age: _____ SSN#: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Resident at address since: _____

Home phone: _____ Cell phone: _____

Email address: _____ Military Status: _____

Occupation: _____ Employer: _____

Work Address: _____

Work phone: _____

Length of employment: _____

Salary: _____
() Weekly () Bi-weekly () Monthly () Annually

MARRIAGE

Date of Marriage: _____

Separation Date: _____

City, County, and State of Marriage: _____

PROPERTY

Residence being contested: _____

Fair Market value: _____

Amount owed: _____

FORMER NAME

Is a maiden name being restored () Yes () No: _____

REASON FOR DIVORCE

Brief description

CHILDREN

1. Name: _____ SSN# _____

Date of Birth: _____ Custody requested: () Yes () No

2. Name: _____ SSN# _____

Date of Birth: _____ Custody requested: () Yes () No

3. Name: _____ SSN# _____

Date of Birth: _____ Custody requested: () Yes () No

PRESENT CONTACT SCHEDULE

Brief description

ASSESTS AND DEBTS

ASSESTS	DEBTS

EMERGENCY CONTACT

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

SPECIAL DEMANDS FOR DIVORCE/FAMILY LAW ACTIONS

How did you hear about our Law Firm? _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS INFORMATION SHEET IN ITS ENTIRETY. WE USE THIS INFORMATION TO HELP EVALUATE YOUR CASE.

*Jacobson, McClean, Chmelir & Ferwerda
Attorneys at Law*