

CLIENT INFORMATION

Retainer Agmt: _____

Date of Appt.: _____ File No.: _____

CLIENT: _____

Residence Address: _____

Telephone number: _____ E-Mail Address: _____

Social Security number: _____ Date of Birth: _____

Driver's License number: _____ Referred by: _____

Occupation: _____ Monthly gross income: _____

Business Address: _____

Bus. Telephone number: _____ Cell phone/pager number: _____

Fax number: _____ Is this a private fax line?: _____

Correspondence to be sent to: _____ Business _____ Residence

New Mate name: _____ Monthly gross income: _____

TYPE OF ACTION: Dissolution Separation Nullity
 Paternity Collections Custody
 Adoption Modification Other: _____

HUSBAND/WIFE/OTHER: _____

Residence Address: _____

Telephone number: _____

Social Security Number: _____ Date of Birth: _____

Occupation: _____ Monthly gross income: _____

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I Understand That I Will Be Billed at the Rate of \$ _____ per Hour for Today's Conference That Payment Is Due at the Conclusion of the Initial Conference.

DATE: _____

SIGNATURE: _____

Business Address: _____

Telephone number: _____ Fax number: _____

New Mate name: _____ Monthly gross income: _____

Opposing counsel: _____

Telephone number: _____ Fax number: _____

RESIDENCE OF CLIENT: In California for the last six months? _____

In _____ County for last three months.

Date of Marriage: _____ Date of Separation: _____

Period between marriage and separation: Years: _____ Months: _____

___ Pre-nuptial ___ Post-nuptial ___ Will ___ Trusts

Restoration of client's previous name: ___ Yes ___ No

If yes, list former name: _____

Will revised? _____

Title to Real Property changed? _____

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INFORMATION ABOUT THE CHILDREN:

Minor child(ren) of this marriage: ___ Yes ___ No

The minor child(ren) are:

Name: Birthdate: Soc. Sec. No.: Age: Sex: Place of Birth:

Physical Custody to: _____

Visitation: I propose the following rights for the noncustodial party:

List the child(ren)'s addresses for the past five years, including dates of residence: _____

Are there any pending legal proceedings concerning your children? If yes, explain: _____

TAXES: File: Joint ___ Single ___ H/H: ____ Exemptions to: H ___ W ___

Accountant: _____

Telephone number: _____

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RESTRAINING ORDERS:

___ Residence exclusion ___ Restraint on personal conduct

___ Stay away order

___ Property control: which property: _____

___ Any debts coming due that client wants the court to order spouse to pay

Debt: Amount: Payable to:

SERVICE OF PROCESS:

Address for service: _____

Best time for service: _____ a.m./p.m.

Description of Respondent for process server: Race: _____

Age: ___ Hair color/style: _____

Eye color: _____ Height: _____ Weight: _____ Glasses: _____

Complexion: _____

Distinguishing characteristics: _____

Make/model of his/her car: _____

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ASSETS AND DEBTS:

A. **Community Property:**

Assets:

<u>Description/Title:</u>	<u>Gross FMV:</u>	<u>Debt Amount:</u>	<u>Net FMV:</u>	<u>Proposal for Division:</u>
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<u>Debts:</u>	<u>Balance Due:</u>	<u>Mo. Pymt.:</u>	<u>Payable to:</u>	<u>Proposal for Allocation:</u>
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B. **Separate property and/or debts:**

Assets: _____

Debts: _____

Notes: