



CONFIDENTIAL CLIENT INFORMATION FORM

PERSONAL INFORMATION:

1. FULL NAME: _____

2. SOCIAL SECURITY NUMBER: _____

3. YOUR MAIDEN NAME: _____ YOUR MOTHER'S MAIDEN NAME: _____

4. DATE OF BIRTH (*month/date/year*): _____ PLACE OF BIRTH (*City/State/Country*) _____

5. DATE OF MARRIAGE: _____

6. PLACE OF MARRIAGE: _____
(city) (state) (county)

7. DATE OF SEPARATION: (*if not applicable, please so indicate*) _____
(month / date / year)

8. ADDRESS WHERE YOU LAST LIVED TOGETHER WITH SPOUSE:

(street number & name) (city) (state) (zip) (county)

9. DATE WHEN BREAKDOWN OF MARRIAGE OCCURED: _____
(month / date / year)

10. NUMBER OF THIS MARRIAGE FOR YOU (*e.g.: 1st, 2nd, etc.*): _____

11. PRENUPTIAL AGREEMENT? YES / NO RELIGION PRACTICED: _____

12. HOME ADDRESS: _____
(street number & name) (city) (state) (zip) (county)

12. MAILING ADDRESS: _____
(street number & name) (city) (state) (zip)

13. PHONE NUMBER: _____
(home) (work) (cell)

14. E-MAIL ADDRESS*: _____

***We contact clients primarily through e-mail. If you would like to be contacted in another manner, please specify:**



Center for Divorce Resolution

15. EMPLOYER NAME: _____

16. EMPLOYER ADDRESS: _____
(street number & name) (city) (state) (zip)

17. JOB TITLE: _____

18. ANNUAL INCOME: _____

19. DO YOU HAVE HEALTH INSURANCE? YES / NO

20. HEALTH INSURANCE PROVIDER: _____

INFORMATION ABOUT YOUR LEGAL REPRESENTATION:

REFERRED BY:

FULL NAME AND ADDRESS OF CLIENT COUNSEL:

INFORMATION ABOUT YOUR CHILD(REN)

FULL NAMES, SSNs, AND BIRTH DATES OF ALL CHILDREN BORN TO OR ADOPTED BY YOU OR YOUR SPOUSE, INCLUDING ANY CHILD WHOSE FATHER/MOTHER IS NOT YOUR SPOUSE *(if any child is adopted, born to you but not to your spouse, born to your spouse but not to you, or if the relationship otherwise requires explanation, please explain):*

- _____
Full Name SSN Birth Date Place of Residence School/Year
- _____
Full Name SSN Birth Date Place of Residence School/Year
- _____
Full Name SSN Birth Date Place of Residence School/Year
- _____
Full Name SSN Birth Date Place of Residence School/Year

This communication is designed to provide accurate, authoritative information. The Center for Divorce Resolution is not engaged in rendering legal, accounting or tax advice. If legal, accounting, or tax assistance is required, the services of a competent professional should be sought.



SPECIAL CONCERNS

1. Please describe any health concerns you or your child(ren) might have:

2. Please describe the issue(s) of greatest concern to you relevant to this divorce:

3. Please indicate whether you want to resume your maiden name (if applicable): YES / NO

4. Who are your beneficiaries of your estate? _____

PRIOR LEGAL PROCEEDINGS

1. Are there now or have there ever been any Abuse Prevention Orders (Restraining Orders) between you and your spouse? YES / NO

a. If so, from what court? _____

b. When was the most recent order entered? _____

c. What is the expiration date of that order? _____

2. Have there been any other court actions between you and your spouse? YES / NO

a. If so, in what court? _____

b. What orders has that court entered? _____

3. Has the Department of Children and Families (formerly known as DCFS or the Department of Children and Family Services) been involved with you, your spouse or any child(ren) at issue? If so, when and why? YES / NO
