

**POTENTIAL DOMESTIC RELATIONS CLIENT INFORMATION SHEET**

**CONSULTATION FEE: \$250**

Date \_\_\_\_\_ Attorney \_\_\_\_\_

*All information is confidential*

**A. CONTACT INFORMATION**

1. Name First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_ Last \_\_\_\_\_

2. Residence Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

3. Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

4. Fax No.: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

**B. BACKGROUND INFORMATION**

1. Personal: Date of Birth: \_\_\_\_\_ State, County of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Race (for DHEC form): \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State \_\_\_\_\_

2. Education: HS Grad \_\_\_\_\_ College grad \_\_\_\_\_ Post-Grad degree(s) \_\_\_\_\_

3. Marriage: No. of Marriages: \_\_\_\_\_ Date of current marriage: \_\_\_\_\_

State and County of Current Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

4. Who referred you to this firm? \_\_\_\_\_

**C. MEDICAL/PSYCHOLOGICAL ISSUES**

1. Current physical health status: \_\_\_\_\_ Any major disabilities: \_\_\_\_\_

Date of last complete physical exam \_\_\_\_\_

2. Do any of your health problems interfere with your being employed or the type of employment that you can perform? \_\_\_\_\_ If so, list \_\_\_\_\_
3. Current psychological/ emotional health status \_\_\_\_\_ If currently receiving therapy, name of therapist / psychologist / psychiatrist \_\_\_\_\_
4. Have you and your spouse engaged in marriage counseling? \_\_\_\_\_  
If so, name of therapist: \_\_\_\_\_ Date(s) of marriage counseling \_\_\_\_\_
5. Any substance abuse? \_\_\_\_\_ If so, current or prior: \_\_\_\_\_  
Drug abused: alcohol \_\_\_\_\_ prescription drugs: \_\_\_\_\_  
illegal drugs: \_\_\_\_\_ over-the-counter drugs: \_\_\_\_\_
6. Have you ever been hospitalized in a mental health facility? \_\_\_\_\_

**D. EMPLOYMENT INFORMATION**

1. Place of current employment: \_\_\_\_\_  
Length of time at this job \_\_\_\_\_ Job title \_\_\_\_\_  
Salary \_\_\_\_\_ Usual hours \_\_\_\_\_
2. Other income? \_\_\_\_\_ Amount \_\_\_\_\_ Source \_\_\_\_\_
3. Have you ever been fired from a job? \_\_\_\_\_
4. Military service? \_\_\_\_\_ If so, when? \_\_\_\_\_ Branch of service \_\_\_\_\_  
Rank at date of discharge \_\_\_\_\_ Honorable discharge? \_\_\_\_\_

**E. FINANCIAL INFORMATION**

1. Have you or your spouse ever declared bankruptcy? \_\_\_\_\_ When? \_\_\_\_\_
2. Is your spouse currently paying the majority of the household bills? \_\_\_\_\_
3. What is the approximate value of your marital assets? \_\_\_\_\_
4. What is the approximate amount of marital debt? \_\_\_\_\_
5. Will someone other than you be paying your legal fees? \_\_\_\_\_

**F. LEGAL ISSUES**

1. Has your spouse obtained legal counsel in this matter? \_\_\_\_\_ If so, list name of attorney \_\_\_\_\_
2. Has a law suit been filed in your case? \_\_\_\_\_ If so, give date of filing \_\_\_\_\_ and docket number \_\_\_\_\_ Has a date for a hearing been set? \_\_\_\_\_ Date of Hearing \_\_\_\_\_
3. Have you ever given anyone a power of attorney? \_\_\_\_\_
4. Do you have a will? \_\_\_\_\_
5. List other litigation in which you have been a party and the nature of the litigation \_\_\_\_\_
6. Have you ever been arrested? \_\_\_\_\_ Date(s) \_\_\_\_\_
7. Will you be seeking a divorce on the grounds of marital fault? \_\_\_\_\_ If yes, which grounds of fault? (1) Adultery \_\_\_\_\_ (2) Physical abuse \_\_\_\_\_ (3) Habitual drunkenness or drug use \_\_\_\_\_
8. Do you or your children need protection from future physical abuse? \_\_\_\_\_

**G. CHILDREN**

1. 

	<u>Name</u>	<u>Date of birth</u>	<u>Gender</u>	<u>Child of marriage?</u>
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____
(c)	_____	_____	_____	_____
(d)	_____	_____	_____	_____
2. If parties are separated, who currently has the minor children? \_\_\_\_\_
3. Do any of children have special needs? \_\_\_\_\_ Which one(s) \_\_\_\_\_  
Nature of special needs \_\_\_\_\_
4. Do you want primary custody of the minor children? \_\_\_\_\_

**ADVERSE PARTY**

**A. CONTACT INFORMATION**

1. Name First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_ Last \_\_\_\_\_
2. Residence: Street: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Length of time at this address \_\_\_\_\_
3. Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**B. BACKGROUND INFORMATION**

1. Personal: Date of Birth \_\_\_\_\_ State, County of Birth \_\_\_\_\_  
SSN \_\_\_\_\_ Race (for DHEC form) \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State \_\_\_\_\_
2. Education: HS Grad \_\_\_\_\_ College grad \_\_\_\_\_ Post-Grad degree(s) \_\_\_\_\_
3. Marriage: No. of Marriages \_\_\_\_\_

**C. MEDICAL/PSYCHOLOGICAL ISSUES**

1. Current physical health status \_\_\_\_\_ Any major disabilities \_\_\_\_\_  
Date of last complete physical exam \_\_\_\_\_
2. Does spouse have health problems that interfere with being employed or the type of employment that spouse can perform? \_\_\_\_\_ If so, list \_\_\_\_\_
3. Current psychological/ emotional health status \_\_\_\_\_ If currently receiving therapy, list name of therapist/ psychologist/psychiatrist \_\_\_\_\_
4. Any substance abuse? \_\_\_\_\_ If so, current or prior \_\_\_\_\_  
Drug abused: alcohol \_\_\_\_\_ prescription drugs \_\_\_\_\_  
illegal drugs \_\_\_\_\_ Over-the-counter drugs \_\_\_\_\_
5. Has spouse ever been hospitalized in a mental health facility? \_\_\_\_\_

**D. EMPLOYMENT INFORMATION**

1. Place of current employment: \_\_\_\_\_ Length of time at this  
job \_\_\_\_\_ Job title \_\_\_\_\_ Salary \_\_\_\_\_  
Usual hours \_\_\_\_\_
2. Other income? \_\_\_\_\_ Amount \_\_\_\_\_ Source \_\_\_\_\_
3. Has spouse ever been fired from a job? \_\_\_\_\_
4. Military service? \_\_\_\_\_ If so, when? \_\_\_\_\_ Branch of service \_\_\_\_\_  
Rank at date of discharge \_\_\_\_\_ Honorable discharge? \_\_\_\_\_

**E. LEGAL ISSUES**

1. List other litigation in which your spouse has been a party and the nature of the  
litigation: \_\_\_\_\_
2. Has your spouse ever been arrested? \_\_\_\_\_ Date(s) \_\_\_\_\_

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**For Office Use:**  
**RETAINER FEE:**

**Amount** \_\_\_\_\_ **Date Paid** \_\_\_\_\_ **Hourly rate** \_\_\_\_\_