



BURCH SHEPARD

FAMILY LAW GROUP

CONFIDENTIAL CLIENT INFORMATION

PERSONAL INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Drivers License No.: _____

Emergency Contact: _____ Number: _____

WORK INFORMATION

Company Name: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Title/
Occupation: _____

INFORMATION ABOUT MY SPOUSE, FORMER SPOUSE OR OTHER PARENT OF MY CHILD (REN'S)

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ Drivers License No.: _____

Physical Description: Ht. _____ Wt. _____ Hair _____ Eyes _____ Race _____



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CONFIDENTIAL CLIENT INFORMATION

I AM PRESENTLY MARRIED- I AM HERE BECAUSE:

- I Have Been Served Papers By My Spouse.
- I Want To File For Divorce.
- I Am Considering Divorce.
- I Want Information About A Legal Separation.
- Other: _____

MARRIAGE AND FAMILY INFORMATION

Date of Marriage: _____

Date of Separation: _____

Place of Marriage: _____

Are you pregnant? YES NO

Please list minor children of this marriage/relationship:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have minor children, please provide their residency information for the last 5 years:



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FAMILY LAW GROUP

Referred By: _____

Orange County Bar Association

Internet; Web Site: _____

Other: _____

PRIOR COUNSEL INFORMATION

Are you currently represented by counsel? YES NO

Counsel's Name: _____

Is the opposing party currently represented by counsel? YES NO

Counsel's Name: _____

ADDITIONAL IMPORTANT INFORMATION

Date: _____

Signature: _____
