

DOMESTIC INFORMATION SHEET

HAVE YOU OR YOUR SPOUSE PREVIOUSLY BEEN REPRESENTED BY ANY

ATTORNEY IN THIS LAW FIRM? YES NO

IF SO, LIST APPROXIMATE DATE _____

AND SUBJECT MATTER _____

YOUR NAME (INCLUDE JR, SR, III, ETC.)

TODAY'S DATE _____

MAIDEN NAME (IF APPLICABLE) _____

SOCIAL SECURITY NUMBER _____ RACE _____

BIRTHDATE _____ STATE & COUNTY OF BIRTH _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____ HOW LONG? _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ OTHER PHONE _____

YEARS OF EDUCATION _____ HIGH SCHOOL _____ COLLEGE _____

EMPLOYER _____ HOW LONG? _____

OCCUPATION _____ SALARY _____

WHAT BANK DO YOU USE? _____

CLOSE RELATIVES/FRIENDS (NAME, ADDRESS, TELEPHONE):

1. _____

2. _____

3. _____

NAME OF SPOUSE/SIGNIFICANT OTHER (WHO CASE IS AGAINST):

MAIDEN NAME (IF APPLICABLE) _____

SOCIAL SECURITY NUMBER _____ RACE _____

BIRTHDATE _____ STATE & COUNTY OF BIRTH _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____ HOW LONG? _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ OTHER PHONE _____

YEARS OF EDUCATION _____ HIGH SCHOOL _____ COLLEGE _____

EMPLOYER _____ HOW LONG? _____

OCCUPATION _____ SALARY _____

WE REQUIRE THE FOLLOWING INFORMATION TO FILE YOUR CASE:

DATE OF MARRIAGE _____ DATE OF SEPARATION _____

CITY & COUNTY OF MARRIAGE _____

NUMBER OF THIS MARRIAGE FOR HUSBAND _____ WIFE _____

NUMBER OF CHILDREN _____

NAME, BIRTHDATE AND SOCIAL SECURITY NUMBERS:

1. _____

2. _____

3. _____

4. _____

5. _____

ARE YOU CURRENTLY IN BANKRUPTCY? YES NO

IF SO, PLEASE PROVIDE THE CASE NUMBER _____

IF SO, PLEASE PROVIDE THE ATTORNEY'S NAME _____