

DOMESTIC INFORMATION SHEET

Date: \_\_\_\_\_

Client's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_

County: \_\_\_\_\_ Home/cell Phone: \_\_\_\_\_

Lived at Present Address Since: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_

County: \_\_\_\_\_ Home/cell Phone: \_\_\_\_\_

Lived at Present Address Since: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ County/State: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Last Separation: \_\_\_\_\_

Number of this Marriage: \_\_\_\_\_  
(Wife) (Husband)

Maiden Name (if applicable): \_\_\_\_\_

Do you want to resume your maiden name? \_\_\_\_\_

Do you own ANY joint property or have ANY joint debts? \_\_\_\_\_

Number of Children under age 18

Full Name	Date of Birth	Living With
_____	_____	_____
_____	_____	_____
_____	_____	_____

What do you want as far as custody/child support, etc.

\_\_\_\_\_

Are you and your spouse living together now? \_\_\_\_\_

If not, where is the last place you lived together? (County) \_\_\_\_\_

What, in order of priority, do you want?

\_\_\_\_\_

\_\_\_\_\_

Attorney's Notes: \_\_\_\_\_