

**CLIENT INITIAL CONSULTATION INFORMATION SHEET  
DOMESTIC RELATIONS**

DATE: \_\_\_\_\_, 2023

NAME: \_\_\_\_\_  
(First, middle and last)

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

RATE OF PAY: \_\_\_\_\_

BENEFITS: Health? \_\_\_\_\_ Pension? \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

E-MAIL \_\_\_\_\_ May We Contact you this way \_\_\_\_\_

**OTHER PARTY INFORMATION:**

NAME: \_\_\_\_\_  
(First, middle and last)

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

RATE OF PAY: \_\_\_\_\_

BENEFITS: Health? \_\_\_\_\_ Pension? \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

DATE OF SEPARATION OR DIVORCE: \_\_\_\_\_

COUNTY AND STATE OF MARRIAGE: \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF THE STATE OF FLORIDA: \_\_\_\_\_

**CHILDREN:**

NAME	DOB	AGE	PLACE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MARITAL HOME:** OWN \_\_\_\_\_ RENT: \_\_\_\_\_

If own, how much is it worth? \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

How much is the outstanding mortgage? \_\_\_\_\_

Do you own any other real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

If you have minor children, please list the children's residence for the last 5 years:

DATES	ADDRESS	WHO CHILDREN LIVED WITH
_____	_____	_____
_____	_____	_____
_____	_____	_____

**AUTOMOBILES AND BOATS:**

YEAR	MAKE	MODEL	WHO DRIVES	HOW TITLED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**DISABILITIES:**

Do you or anyone in your family have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_