DOMESTIC INFORMATION SHEET

DATE: _____ QUOTED RETAINER: _____

NAME: _____
(FIRST) (MIDDLE) (MAIDEN) (LAST)

ADDRESS: _____
(STREET) (P.O. BOX) (CITY) (STATE) (ZIP)

PHONE: _____ / _____ / _____ / _____
(HOME) (WORK) (CELL/OTHER) (E-Mail Address)

PLACE OF EMPLOYMENT: _____ HOURS: _____
(PLEASE PUT NORMAL HOURS)

RACE _____ GENDER _____

SOCIAL SECURITY NUMBER (WIFE) _____ D.O.B. _____

SOCIAL SECURITY NUMBER (HUSBAND) _____ D.O.B. _____

DEFENDANT'S NAME: _____
(FIRST) (MIDDLE) (MAIDEN) (LAST)

DEFENDANT'S ADDRESS: _____

DEFENDANT'S WORK PLACE: _____

DEFENDANT'S PHONE NUMBER: _____
(WORK) (HOME)

COUNTY AND STATE OF MARRIAGE _____

DATE OF MARRIAGE _____

COUNTY AND STATE OF SEPARATION _____

DATE OF SEPARATION _____

LIST FULL NAME AND BIRTH DATE OF ALL CHILDREN BORN OR ADOPTED AND THE NAME THAT THE CHILD IS CALLED:

_____
(FULL NAME) (DATE OF BIRTH) (CHILD CALLED) (MALE OR FEMALE)

_____
(FULL NAME) (DATE OF BIRTH) (CHILD CALLED) (MALE OR FEMALE)

_____
(FULL NAME) (DATE OF BIRTH) (CHILD CALLED) (MALE OR FEMALE)

_____
(FULL NAME) (DATE OF BIRTH) (CHILD CALLED) (MALE OR FEMALE)

ADDRESSES CHILD/CHILDREN HAVE LIVED AT FOR THE PAST FIVE YEARS:

_____

_____

_____

NOTES: _____

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