

Office Use Only RE: _____ Conflict: YES _____ NO _____
Deposit Quoted: _____ Hourly Rate: _____ Costs: _____ Consultation: _____
Retainer: _____ Refundable: Yes _____ No _____ Minimum Fee: _____

DOMESTIC INFORMATION SHEET

Items marked with an asterisk (*) must be completed.

DATE: _____

* WHO REFERRED YOU TO OUR OFFICE: _____ MR. CAMP'S REPUTATION: _____

Have you ever looked at Yellow Pages, Google, Yahoo, etc? If so, which: _____

CLIENT'S INFORMATION:

* NAME: _____ * HOME PHONE: _____
(FIRST) (MIDDLE) (LAST) * CELL PHONE: _____

E-MAIL: _____ * WORK PHONE: _____

* PHYSICAL ADDRESS: _____

* CITY, STATE, ZIP: _____ COUNTY: _____

RESTRICTIONS ON CONTACTING YOU AT ANY OF THE ABOVE CONTACT INFORMATION? _____

* OTHER ADDRESS WHERE YOU WOULD LIKE TO RECEIVE YOUR MAIL:

DO YOU PREFER CORRESPONDENCE TO BE SENT TO YOU VIA *E-MAIL* OR *US MAIL*? _____

* SOCIAL SECURITY NO.: _____ * AGE: _____ * D.O.B.: _____

EMPLOYER: _____

GROSS PAY: _____ HOW OFTEN PAID? _____

OTHER INCOME - AMOUNT AND SOURCE: _____

SPOUSE'S (OR OTHER PARTY'S) INFORMATION:

* NAME: _____ HOME PHONE: _____
(FIRST) (MIDDLE) (LAST) WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ COUNTY: _____

SOCIAL SECURITY NO.: _____ AGE: _____ D.O.B.: _____

EMPLOYER: _____

OTHER INCOME - AMOUNT AND SOURCE: _____

INFORMATION ON MARRIAGE

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

DATE OF SEPARATION: _____ GROUNDS FOR DIVORCE: _____

DOES WIFE WANT PRIOR NAME RESTORED: YES____ NO ____ IF SO, WHAT: _____

WHAT IS WIFE'S MAIDEN NAME: _____

SHORT NARRATIVE OF WHY YOU ARE HERE TODAY
