# DOMESTIC RELATIONS CLIENT CONTACT SHEET

**Name:** _____ **Date:** _____
**SSN:** _____
**Dr. Lic. No./State:** _____ **DOB:** _____

**Home Phone:** (_____)_____-_____ **Work Phone:** (_____)_____-_____
**Fax #:** (_____)_____-_____ **Cell Phone:** (_____)_____-_____
**Email Address:** _____

**Home** _____
**Address:** _____
**Please check one:**
☐ Documents **MAY** be mailed to the above address **OR** ☐ Documents **MAY NOT** be mailed to the above address
**Mailing** _____
**Address:** _____

**Employed By:** _____
**Address:** _____
_____

**Spouse / Former Spouse/ Other Parent/ Other Party (Please circle one)**

**Name :** _____
**SSN:** _____ **DOB:** _____
**Dr. Lic. No./State:** _____

**Home Address:** _____
**Home Phone:** (_____)_____-_____ **Cell Phone:** (_____)_____-_____

**Employed By:** _____
**Address:** _____
**Work Phone:** (_____)_____-_____

**Spouse's Attorney (if applicable):** _____

**Children:** _____ **DOB:** _____ **SSN** _____
_____ **DOB:** _____ **SSN** _____
_____ **DOB:** _____ **SSN** _____

**Date of Marriage:** _____ **Date of Separation:** _____
**Place of Marriage:** _____
**Address of Last Cohabitation:** _____

**Health/Dental/Vision Insurance Provider:** _____
**Policy/Group #:** _____ **Provided by:** ☐ **Husband** ☐ **Wife**
**Referred By:**_____

---

**FOR ATTORNEY USE ONLY:**

Rate $_____ Retainer $_____
Notes: _____
**Conflicts Check:** ☐ **O.K.** ☐ **Not O.K.** **By:** _____