

**FAMILY LAW WORKSHEET**

*Welcome to the Law Offices of Jacobson, Chmelir & Ferwerda*

Please complete this form and provide the following information as part of our permanent record of consultations. PLEASE PRINT CLEARLY and provide all of the information required. The following information is confidential and protected by the attorney-client privilege. **The information requested is not intended to invade your privacy, but enables us to evaluate your family law case.**

**PLEASE UNDERSTAND WE ARE NOT YOUR ATTORNEYS AND DO NOT REPRESENT YOU UNTIL A CONTRACT IS SIGNED.**

**CLIENT INFORMATION**

Date: \_\_\_\_\_ Is this your first legal consultation? \_\_\_\_\_

Your full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ Resident at address since: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Military Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Salary: \_\_\_\_\_  
( ) Weekly ( ) Bi-weekly ( ) Monthly ( ) Annually

**SPOUSE/OPPOSING PARTY INFORMATION**

Full Name of opposing party: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ Resident at address since: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Military Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Salary: \_\_\_\_\_  
( ) Weekly ( ) Bi-weekly ( ) Monthly ( ) Annually

**MARRIAGE**

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

City, County, and State of Marriage: \_\_\_\_\_

**PROPERTY**

Residence being contested: \_\_\_\_\_

Fair Market value: \_\_\_\_\_ Amount owed: \_\_\_\_\_

**FORMER NAME**

Is a maiden name being restored ( )Yes ( )No: \_\_\_\_\_

**REASON FOR DIVORCE**

Brief description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN**

1. Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Custody requested: ( )Yes ( )No

2. Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Custody requested: ( )Yes ( )No

3. Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Custody requested: ( )Yes ( )No

**PRESENT CONTACT SCHEDULE**

Brief description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSETS AND DEBTS**

<b><u>ASSETS</u></b>	<b><u>DEBTS</u></b>

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SPECIAL DEMANDS FOR DIVORCE/FAMILY LAW ACTIONS**

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How did you hear about our Law Firm? \_\_\_\_\_

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS INFORMATION SHEET IN ITS ENTIRETY. WE USE THIS INFORMATION TO HELP EVALUATE YOUR CASE.

*Jacobson, Chmelir & Ferwerda*  
*Attorneys at Law*