



Email Completed Forms to Nicole Whitaker - Office Manager:
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Initial Client Information Sheet

Law Office of Kyle Whitaker

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The information you furnish in this Questionnaire is confidential. It is important for you to answer all questions as fully and completely as possible.

Type of Case - Please Check All that Apply:

- Divorce, Child Support Enforcement, Visitation Enforcement, Paternity, Modification of Child Support, Modification of Visitation, Protective Order, Termination, Other

Today's Date:

Please Complete the following information on YOURSELF:

Name: Maiden Name:

Date of Birth: Age: Place of Birth:

Social Security No.: Driver's License No.:

Current Address: City St Zip

County of Residence: How long in this County?

Current Mailing Address:

Phone Numbers:

Home: Work: Fax:

Cell: Other/Alternate:

Email:

What is the best way to contact you? mail/email/telephone (circle one)

Employment:

Employer: Title:

Address:

Gross Salary per Month: Length of Employment:

Please Complete the following information on your (EX)SPOUSE/Opposing Party:

Name: _____ Maiden Name: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Current Address: _____ City _____ St _____ Zip _____

County of Residence: _____ How long in this County? _____

What kind of vehicle does he/she currently drive?: _____

Please give a physical description of your (ex)spouse:

Height: _____ Weight: _____ Hair/Eye Color: _____

Current Phone Numbers:

Home: _____ Work: _____ Cell: _____

Employment:

Employer: _____ Title: _____

Address: _____

Gross Salary per Month: _____ Length of Employment: _____

Normal work hours: _____

Has your (ex)spouse caused any family violence in the past?: _____

If so, please list all dates and a brief description of each incident: _____

Does he/she have a criminal record? _____ If so, please give the following information:

Charge:

Date and County of Offense:

Result of Case:

Charge:	Date and County of Offense:	Result of Case:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Complete this Section if this is a DIVORCE Case:

Date of Marriage: _____ Last date of Separation: _____

Has a divorce been filed? _____ If yes, Date filed: _____

Have you been served? _____ If yes, Date served: _____

County and State where you were married: _____

Please check if your Marital Difficulties involve any of the following (check all that apply):

- Drugs/Alcohol Infidelity Physical Violence Religion Incompatibility
 Financial Disputes Other: _____

Will there be a dispute over the custody of the child(ren)? _____

If not, with whom will the child(ren) primarily reside? _____

Name change upon the signing Final Decree of Divorce? _____

Please Complete this Section Regarding your CHILD(REN):

First Child:

Name: _____

Date of Birth: _____ Age: _____

Place of Birth: _____

Social Security No.: _____

Sex: Male Female

Current residence: _____

School/Daycare: _____

Third Child:

Name: _____

Date of Birth: _____ Age: _____

Place of Birth: _____

Social Security No.: _____

Sex: Male Female

Current Residence: _____

School/Daycare: _____

Second Child:

Name: _____

Date of Birth: _____ Age: _____

Place of Birth: _____

Social Security No.: _____

Sex: Male Female

Current residence: _____

School/Daycare: _____

Fourth Child:

Name: _____

Date of Birth: _____ Age: _____

Place of Birth: _____

Social Security No.: _____

Sex: Male Female

Current Residence: _____

School/Daycare: _____

Is private health insurance in effect for the children?: _____

Is the insurance coverage provided through a parent's employment?: _____

If so, which parent?: _____ Amount of Premium?: \$ _____ per _____

Please answer the following regarding CHILD SUPPORT:

Do you or your (ex) spouse have any other children for whom a duty of support is owed? _____

If so, please give the full name, date of birth, sex, and social security number of each child:

1. Name: _____ Sex: _____ D/O/B: _____ Age: _____

Social Security number: _____

2. Name: _____ Sex: _____ D/O/B: _____ Age: _____

Social Security number: _____

3. Name: _____ Sex: _____ D/O/B: _____ Age: _____

Social Security number: _____

Where and with whom do these children currently live?:

Is there a court order for child support?: _____ Who is ordered to pay support?: _____

How much has been ordered to pay per month? _____

Is the Obligor current on the support ordered? _____

If not, approximately how much is owed in arrears? _____

Is there a wage withholding order in place? _____ If so, how much?: \$ _____ per _____

Have you been married before? : Yes OR No

Number of children from previous marriage?: _____

Number of children still living with you?: _____

Do you pay child support now?: _____ If so, how much?: _____

Are you or your spouse in a current Bankruptcy? _____ If yes, please answer the following:

Case Number: _____ Location filed: _____ Date filed: _____

Was this a Joint Filing? _____ Status of Case: _____

Name of Attorney/Firm who assisted you in this matter?: _____

Address: _____ Phone: _____

May we contact them, if necessary, concerning the filing of a new case?: _____

How were you referred to our office?: _____
