

**Client Information Sheet**

**PLEASE COMPLETE THIS INFORMATION SHEET ACCURATELY BY PROVIDING THE BEST POSSIBLE INFORMATION. THIS WILL ASSIST THE ATTORNEY IN PROVIDING YOU THE BEST POSSIBLE EVALUATION OF YOUR MATTER.**

1. WHAT TYPE OF MATTERS DO YOU NEED ASSISTANCE WITH? \_\_\_\_\_
2. HAVE ANY PAPERS BEEN SERVED TO YOU? \_\_\_\_\_ WHEN? \_\_\_\_\_

Please provide the following information about yourself:

3. YOUR NAME: \_\_\_\_\_
4. YOUR EMAIL: \_\_\_\_\_
5. YOUR RESIDENCE ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
6. YOUR MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
7. HOME PHONE \_\_\_\_\_ MAY WE CALL THIS NUMBER? \_\_\_\_\_  
OFFICE \_\_\_\_\_ FAX \_\_\_\_\_ BEEPER \_\_\_\_\_  
CELLULAR \_\_\_\_\_ OTHER \_\_\_\_\_
8. AGE \_\_\_ D/O/B \_\_\_ / \_\_\_ / \_\_\_ SS NO. \_\_\_ - \_\_\_ - \_\_\_ OCCUPATION \_\_\_\_\_
9. EMPLOYER \_\_\_\_\_ YOUR INCOME FROM EMPLOYER \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_

Please provide the following information about the opposing party:

10. NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
CELLULAR \_\_\_\_\_ OTHER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

11. AGE \_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_ SS NO. \_\_\_\_-\_\_\_\_-\_\_\_\_ OCCUPATION \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ YOUR INCOME FROM EMPLOYER \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_

Please provide the following information about your marriage:

12. DATE OF MARRIAGE \_\_\_\_\_ PLACE \_\_\_\_\_  
SEPARATION DATE \_\_\_\_\_ DATE YOU MOVED TO FLORIDA \_\_\_\_\_  
WIFE'S FULL FORMER (MAIDEN) NAME \_\_\_\_\_  
DO YOU WISH TO HAVE YOUR MAIDEN NAME RESTORED? \_\_\_\_\_  
DID YOU HAVE A PRENUPTIAL AGREEMENT? \_\_\_\_\_

Please provide the following information about your child(ren):

13. CHILDREN BORN OR ADOPTED DURING THIS MARRIAGE:  
FULL NAME                      BIRTHDATE                      BIRTHPLACE                      AGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. LIST ALL ADDRESSED OF THE MINOR CHILD(REN) RESIDED THE LAST FIVE YEARS AND WITH WHAT PARENT DID THE MINOR CHIL(REN) RESIDE.

<u>ADDRESS</u>	<u>START DATE</u>	<u>END DATE</u>	<u>PARENT</u>
_____			
_____			
_____			
_____			

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Please provide the following information about the real property that you own:

15. DO YOU OWN A RESIDENCE? \_\_\_\_\_ IF YES, STATE THE FOLLOWING:

ADDRESS \_\_\_\_\_

DATE PURCHASED \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_

AMOUNT OF DOWN PAYMENT \_\_\_\_\_ SOURCE \_\_\_\_\_

ORIGINAL MORTGAGE AMOUNT \_\_\_\_\_ BALANCE \_\_\_\_\_

MONTHLY MORTGAGE PAYMENT \_\_\_\_\_

CURRENT VALUE OF THIS PROPERTY \_\_\_\_\_

16. IN WHOSE NAME IS THE PROPERTY TITLED? \_\_\_\_\_

17. WHO IS LIVING THERE NOW? \_\_\_\_\_

18. DO YOU OR YOUR SPOUSE OWN ANY OTHER REAL ESTATE? \_\_\_\_\_

ADDRESS(ES) \_\_\_\_\_

Please provide the following additional information:

19. NAME OF YOUR (EX) SPOUSE'S ATTORNEY? \_\_\_\_\_

20. DO YOU HAVE ANY ATTORNEY ALREADY REPRESENTING YOU? \_\_\_\_\_

WHO? \_\_\_\_\_ PHONE NO. \_\_\_\_\_

21. WHO REFERRED YOU? \_\_\_\_\_

If you are here with regard to matters concerning a former spouse, please complete the following information:

22. DATE OF FINAL JUDGEMENT DISSOLVING YOUR MARRIAGE \_\_\_\_\_

STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ CASE NO. \_\_\_\_\_

23. WHO WAS YOUR ATTORNEY? \_\_\_\_\_

YOUR SPOUSES ATTORNEY? \_\_\_\_\_

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If you are here with regard to a matter that is already in progress please complete the following:

24. ARE THERE ANY MATTERS SCHEDULED FOR HEARING? \_\_\_\_\_

WHEN? \_\_\_\_\_ WHAT MATTER? \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

HAS A TRIAL DATE BEEN SET? \_\_\_\_\_ WHEN? \_\_\_\_\_

YOU MUST UNDERSTAND THAT YOUR VISIT HERE MAY BE FOR CONSULTATION ONLY. THE ATTORNEY DOES NOT REPRESENT YOU AND WILL NOT REPRESENT YOU UNTIL A WRITTEN AUTHORIZATION OF REPRESENTATION AND ATTORNEY'S FEE AGREEMENT ARE SIGNED BY BOTH YOU AND THE ATTORNEY. I HAVE READ THE FOREGOING AND COMPLETED ALL INFORMATION REQUESTED TO THE BEST OF MY ABILITY.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
YOUR SIGNATURE