

(PLEASE PRINT LEGIBLY)

TODAY'S DATE: \_\_\_\_\_

# Cumberland & Erly, LLC

## DOMESTIC INFORMATION SHEET

### CLIENT INFORMATION

<b>CLIENT NAME</b>			
LAST	FIRST	MIDDLE	MAIDEN
ADDRESS			
CITY, STATE ZIP			
CAN CORRESPONDENCE BE SENT TO THIS ADDRESS? YES NO		IF NOT, ALTERNATIVE ADDRESS:	
CELL PHONE		HOME PHONE	
EMAIL	DATE OF BIRTH	SSN	
EDUCATION (HIGHEST LEVEL COMPLETED)			
NAME OF EMPLOYER		JOB TITLE:	
ADDRESS		START DATE:	
CITY, STATE ZIP			
WORK PHONE		WORK EMAIL	
RETIREMENT \$	ANNUAL SALARY:	HOURLY RATE:	
YES NO CURRENT VALUE		Hours per week:	
IF SELF-EMPLOYED, DESCRIBE			

### SPOUSE INFORMATION

<b>SPOUSE NAME</b>			
LAST	FIRST	MIDDLE	MAIDEN
ADDRESS			
CITY, STATE ZIP			
CELL PHONE		HOME PHONE	
EMAIL	DATE OF BIRTH	SSN	
EDUCATION (HIGHEST LEVEL COMPLETED)			
NAME OF EMPLOYER		JOB TITLE:	
ADDRESS		START DATE:	
CITY, STATE ZIP			
WORK PHONE		WORK EMAIL	
RETIREMENT \$	ANNUAL SALARY:	HOURLY RATE:	
YES NO CURRENT VALUE		Hours per week:	
IF SELF-EMPLOYED, DESCRIBE			

### MARRIAGE INFORMATION

DATE OF MARRIAGE (MM/DD/YYYY)		PLACE OF MARRIAGE (CITY) (COUNTY) (STATE)		
TYPE OF CEREMONY RELIGIOUS CIVIL (CIRCLE ONE)	ARE YOU PRESENTLY SEPARATED: YES NO (CIRCLE ONE)	IF YES, DATE OF SEPARATION (MM/DD/YYYY)	HAVE YOU SIGNED PAPERS? YES NO (CIRCLE ONE)	
HAVE YOU OR YOUR SPOUSE BEEN MARRIED PREVIOUSLY? (IF YES, LIST BELOW)			YES	NO
SPECIFY "CLIENT" OR "SPOUSE"	DATE OF MARRIAGE	DATE TERMINATED/DIVORCED	FORMER SPOUSE'S NAME	
FULL NAME OF CHILD			DATE OF BIRTH	
PRESENT ADDRESS				
CHECK HERE IF SAME AS "CLIENT" <input type="checkbox"/>		NAME OF SCHOOL/DAYCARE		
FULL NAME OF CHILD			DATE OF BIRTH	
PRESENT ADDRESS				
CHECK HERE IF SAME AS "CLIENT" <input type="checkbox"/>		NAME OF SCHOOL/DAYCARE		
FULL NAME OF CHILD			DATE OF BIRTH	
PRESENT ADDRESS				
CHECK HERE IF SAME AS "CLIENT" <input type="checkbox"/>		NAME OF SCHOOL/DAYCARE		

PLEASE COMPLETE OTHER SIDE ►►

**MARITAL HOME**

PRIMARY RESIDENCE	OWN	RENT	IF OWN, ESTIMATED VALUE \$
HOW TITLED?	IF YOU OWN MORE THAN ONE HOME OR OTHER REAL ESTATE CHECK HERE		
MORTGAGE PAYOFF(S)	MONTHLY PAYMENT(S)		
WHO LIVES THERE?	CLIENT	SPOUSE	

(CIRCLE ONE)

**COURTS AND LAWYERS**

DO YOU HAVE AN ATTORNEY?	YES	NO	
ATTORNEYS NAME AND PHONE:			
DOES YOUR SPOUSE HAVE AN ATTORNEY?	YES	NO	
ATTORNEY'S NAME AND PHONE:			
IS THERE A CASE FILED?	YES	NO	IF YES, COUNTY
CASE NAME			CASE NUMBER
IS THERE AN EXISTING ORDER?	YES	NO	IF YES, DESCRIBE
<b>COURT DATE?</b>			
<i>IF CHILDREN</i>			
HAS CUSTODY BEEN AGREED OR ORDERED?	YES	NO	IF SO, DESCRIBE:
IS CHILD SUPPORT BEING PAID?	YES	NO	BY WHO?
IS ALIMONY BEING PAID?	YES	NO	BY WHO?

**HEALTH INSURANCE**

NAME OF PROVIDER			
WHO PAYS FOR THE INSURANCE?	YOU	YOUR SPOUSE	BOTH OF YOU
WHO PAYS FOR THE CHILDREN'S COVERAGE?	YOU	YOUR SPOUSE	BOTH OF YOU

**BUSINESS**

DO YOU OR YOUR SPOUSE OWN A BUSINESS?	YES	NO	IF YES, PLEASE COMPLETE THE FOLLOWING
NAME OF BUSINESS			TYPE OF BUSINESS
ADDRESS			
CITY, STATE, ZIP			
PHONE			FAX

**SUMMARY**

PLEASE BRIEFLY DESCRIBE THE REASON FOR YOUR VISIT:
WHAT ARE YOUR MAJOR CONCERNS?

REFERRED BY \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
RETAINER FEE _____	ATTORNEY _____