

(PLEASE PRINT LEGIBLY)

TODAY'S DATE: _____

Cumberland & Erly, LLC
DOMESTIC INFORMATION SHEET
CLIENT INFORMATION

CLIENT NAME			
LAST	FIRST	MIDDLE	MAIDEN
DO YOU HAVE AN ADDRESS THAT MAY BE USED FOR CORRESPONDENCE? YES/NO			
IF YES, PLEASE STATE YOUR 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			

OPPOSING PARTY'S INFORMATION

NAME			
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		PLACE OF MARRIAGE		
(MM/DD/YYYY)		(CITY)	(COUNTY)	(STATE)
TYPE OF CEREMONY	ARE YOU PRESENTLY	IF YES, DATE OF SEPARATION	HAVE YOU	
RELIGIOUS CIVIL	SEPARATED: YES NO		SIGNED PAPERS? YES NO	
(CIRCLE ONE)	(CIRCLE ONE)	(MM/DD/YYYY)	(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)	

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
COURT DATE?			
<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 _____

OFFICE USE ONLY	
RETAINER FEE _____	ATTORNEY _____