

Office Use Only:

County: _____

Hrs/Est: _____

Evans Law Offices

Attorneys at Law

**CLIENT INFORMATION FAMILY LAW CASES
(PLEASE FILL OUT TO THE BEST OF YOUR ABILITY)**

DATE: _____

CLIENT INFORMATION

NAME	
ADDRESS	
CELL PHONE	
HOME PHONE	
WORK PHONE	
EMAIL	
DATE OF BIRTH	

OPPOSING PARTY INFORMATION

NAME	
ADDRESS	
CELL PHONE	
HOME PHONE	
WORK PHONE	
EMAIL	
DATE OF BIRTH	
SOC.SEC. NUM.	

CASE INFORMATION

DATE OF MARRIAGE	
DATE OF SEPARATION	
ARE YOU ASKING FOR SPOUSAL SUPPORT OR ATTORNEYS' FEES	
IS THE OTHER SIDE ASKING OR SPOUSAL SUPPORT OR ATTORNEYS' FEES	
ARE THERE ANY RESTRAINING ORDERS IN PLACE BETWEEN YOU AND THE OTHER PARTY, PLEASE PROVIDE CASE NUMBER	
ARE THERE ANY HEARINGS PENDING, PLEASE DESCRIBE AND PROVIDE CASE NUMBER	
BRIEF DESCRIPTION OF YOUR MATTER	
WHAT IS THE IDEAL OUTCOME OF YOUR MATTER	

CHILDREN

NAMES	
BIRTHDATES	
SEX OF EACH	
CURRENT ADDRESSES	
ADDRESSES THAT THE CHILDREN HAVE LIVED FOR THE LAST 5 YEARS	

ASSETS

REAL ESTATE (DATE ACQUIRED, VALUE, TOTAL MORTGAGE DEBT)	
CARS (YEAR, MAKE MODEL, LOAN AMT)	
STOCK, STOCK OPTIONS	
RETIREMENT ACCOUNTS	
CRYPTO CURRENCY	
INVESTMENT JEWELRY	
INVESTMENT REAL ESTATE	
ART, GUNS OR OTHER VALUABLE COLLECTABLES	