

Cervantez and Mayberry



DATE: _____

Name _____ DOB: _____ Sex: M ___ F ___
Last Name First Middle Maiden

Place of birth _____
City County State Country

Social Security Number: _____ Drivers License Number: _____ State _____

Address: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____ Cell Phone: (____) _____

___ I authorize emails concerning my case. ___ I authorize emails of general interest from Cervantez and Mayberry.

___ I authorize a follow up call regarding my consultation. If yes, please list a contact number. (____) _____

Place of Employment: _____ Job Title: _____

Address of Employment: _____ City _____ St _____ Zip _____ Gross Monthly Salary _____

OPPOSING PARTY INFORMATION:

Name _____ DOB: _____ Sex: M ___ F ___
Last Name First Middle Maiden

Place of birth _____
City County State Country

Social Security Number: _____ Drivers License Number: _____ State _____

Address: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____ Active Duty Military? _____

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____ Cell Phone: (____) _____

Place of Employment: _____ Job Title: _____

Address of Employment: _____ City _____ St _____ Zip _____ Gross Monthly Salary _____

Date and City of Marriage: _____ / _____

Date and City of Separation: _____ / _____

CHILDREN:

Where do the children reside? _____ With Whom: _____

1. Name _____
Last Name First Middle

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of birth _____
City County State Country

2. Name _____
Last Name First Middle

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of birth _____
City County State Country

3. Name _____
Last Name First Middle

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of birth _____
City County State Country

4. Name _____
Last Name First Middle

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of birth _____
City County State Country

Who presently provides health insurance for the child(ren)? Client or Spouse

Monthly Fee: \$ _____

DEBTS OF PARTIES:

VEHICLES

Yours: _____
Year Make Model Vehicle Identification No.

Spouse: _____
Year Make Model Vehicle Identification No.

PROPERTY OF PARTIES:

Is your property already divided by agreement? YES or NO

Are you buying or do you own a house? YES or NO

Does either party have retirement benefits/stocks of any kind? YES or NO

NAME CHANGE REQUEST:

Are you requesting the Court to grant a name change YES or NO

New Full Name Requested: _____
First Middle Last

OTHER INFORMATION:

Has a Protective Order ever been Issued? YES or NO

If so, please give details: _____

Have you ever been charged with any crime other than traffic tickets? YES or NO

If so, please give details: _____

Has your spouse ever been charged with any crime other than traffic tickets? YES or NO

If so, please give details: _____

Are there other circumstances which may be a factor in your case? YES or NO

If so, please give details: _____

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office?

If so, please explain fully when, where, and why.

Have you ever filed Bankruptcy? If so, please explain where, when, and the disposition.

How old was the mother at the time the oldest child was conceived? _____

How old was the father at the time the oldest child was conceived? _____

Have you or any one associated with this case been the subject of a: (circle any applicable)

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Welfare or Aid to Families with Dependent Children
- h) Common-Law or Informal Marriage
- i) Termination of Parental Rights
- j) Prenuptial Agreement or Partitioning Agreement
- k) Personal Injury Lawsuits

If any circled, please explain:

To be completed by law office personnel:

Payment Amount: _____ Payment received by:INI _____ Copy of DL:INI _____

Cash: _____ Check #: _____ Visa: _____ MC: _____ Disc: _____ Other: _____