

New Client Domestic Information Form

Date: _____

Name: _____ Maiden: _____

Birth Date: _____ S.S.N.: _____

Driver's License #: _____ State: _____

Address: _____

City, State, and Zip: _____

Email address: _____

Own/Rent: _____

Did you and your spouse reside together at the above address? _____

How long have you resided in Maryland? _____ U.S. Citizen: _____

Telephone Number: (H) _____ (W) _____

(Cell) _____

Employer: _____

Address: _____

Date of Employment: _____ Occupation: _____

Salary: _____

Spouse's Name: _____ Birth Date: _____

Spouse's address: _____

City, State, Zip: _____

How long has spouse resided in Maryland? _____ U.S. Citizen: _____

Telephone Number: _____

Spouse's Employer: _____ Address: _____

Date of Employment: _____ Occupation: _____

Salary: _____

Date of Marriage: _____ City: _____

County: _____ State: _____

Spouse's Attorney: _____

Children's Names	Birth Dates	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any other children reside with you or your spouse: give name, birth date, and relationship for each: _____

If you or your spouse is receiving child support, for any child listed above, state the amount and from whom it is received from: _____

Date and circumstances of separation: _____

Was separation voluntary? _____

If you have ever employed an attorney with regard to this matter, please furnish his/her name, address, and phone number: _____

Who referred you to this office? _____

Please give name, address and phone numbers of a relative or person who will know your

whereabouts if we are unable to contact you: _____

Please list your immediate concerns: _____

Reminder: You will be charged for your visit (except for the time discussing fees) and payment is expected today.

FOR OFFICE USE ONLY

Attorney: _____ A/L: _____ Expenses: _____

Retainer: _____ Hourly Rate: \$ _____ Fees: _____

Attorney Notes:

Immediate Action:
