



CLIENT INFORMATION

Date of Appointment: _____

First Name Middle Name Last Name

Street Address City State Zip code County Contact Telephone Number

Other Telephone Number Date of Birth Social Security Number Driver's License Number

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Employer Work Telephone/ Extension

Employer Street Address City State Zip Code

Authorized Alternate Contact Telephone Number Relationship

Please list email address only if we may contact you by email How did you hear of our firm?

DO NOT INCLUDE COMPANY EMAIL

If you have the HYATT legal plan, list your Case ID# _____

By my signature below, I acknowledged that an attorney client relationship has not been created until I have signed a fee agreement and paid the advanced fee in full as set forth in the fee agreement.

Date:

Client

You may return this form using:
<https://www.hightail.com/u/Mannlaw>

First

Middle

Last

Spouse's Present Address:

Street Address

Apt./Lot No.

City

State

Zip Code

If different mailing address for spouse, please list mailing address here:

Street Address

Apt./Lot No.

City

State

Zip Code

Spouse's Present Phone Numbers:

Home: (____) ____ - _____

Work: (____) ____ - _____

Mobile: (____) ____ - _____

Other: (____) ____ - _____

Spouse's Attorney: _____

Spouse's Social Security Number: _____ - _____ - _____

Spouse's Date of Birth: ____/____/____

Spouse's Driver's License # _____ State of License _____

Please list the following information:

Spouse's Employer

Spouse's Employer Phone Number

Street Address

City

State

Zip Code

Spouse's Position: _____

Salary/Hourly Rate: _____

Date of Marriage: ____/____/____

Date of Separation (last time you lived together): ____/____/____

How many times were you separated throughout the marriage: _____

Check yes or no with "X" for the following:

Have you lived together in your county in the last 3 months: YES____ NO____

Have you lived in Indiana for the last 6 months: YES____ NO____

Is wife pregnant? YES____ NO____

If YES, when is the child due? ____/____/____

Father's Name: _____

How many children were born of the marriage? _____

How many children currently live with you? _____

For each child, please provide:

Full Name	Date of Birth	Social Security Number
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

For each child born to Wife, but not during this marriage, please provide:

Full Legal Name	Father's Name	Paternity Established in Court?	
_____	____/____/____	YES____	NO____
_____	____/____/____	YES____	NO____
_____	____/____/____	YES____	NO____

Give the present address for each child:

Full Legal Name	Child's Address
_____	_____
_____	_____
_____	_____

Check yes or no with "X" for the following:

Do you want custody of your child(ren): YES____ NO____

If no, please explain:

Do you want your Spouse to have joint custody with you? YES ___ NO ___

If no, please explain:

Do you think your Spouse should have visitation? YES ___ NO ___

If no, please explain:

Is there currently, in any state, a case involving the children mentioned above? YES ___ NO ___

If yes, please explain:

Does any person other than you or your Spouse already have custody or visitation of child(ren)? YES ___ NO ___

If yes, please explain:

Have you or your spouse filed for divorce before? YES ___ NO ___

If yes, please give the following information:

Date filed: ___/___/___ Case Number: _____

County and State where filed: _____

Name of Your Attorney: _____

Name of Spouse's Attorney: _____

Do you or your spouse have any physical and/or mental illnesses which would prevent either of you from working? YES ___ NO ___

If yes, please explain:

Do your children have extraordinary health or educational needs? YES ___ NO ___

If yes, please explain:

Do you pay for child-care? YES ___ NO ___

Name of Childcare Facility: _____

Weekly Childcare expense: _____

Is childcare a year-round expense? YES ___ NO ___

If no, please explain:

Are your children covered under health insurance? YES ___ NO ___

Name of Insurance company _____

Who pays for health insurance? _____

How much is paid for child's insurance weekly? _____

Does your spouse have other minor children for which s/he has been ordered to pay child support for? YES ___ NO ___

Child's Name

How much is paid?

Do you need a Temporary Restraining Order restraining your Spouse from?

Abusing/harassing you? YES ___ NO ___

Coming to your home or work? YES ___ NO ___

Selling/Transferring/Hiding marital property? YES ___ NO ___

If yes to any of these, please explain:

Do you need an Order from the Court confiscating your Spouse's firearms? YES ___ NO ___

Describe types of firearms and their locations:

If you are the WIFE, do you want to return to your maiden name after the divorce? YES ___ NO ___

Please give the following information about your spouse?

Height: _____ Eye Color: _____

Weight: _____ Hair Color: _____

Race: _____

Balding? YES _____ NO _____

Mustache? YES _____ NO _____

Beard? YES _____ NO _____

Glasses/Contacts? YES _____ NO _____

Distinguishing marks/tattoos?

Do you or your spouse currently owe any money as a result of a judgment in court? YES _____ NO _____

If yes, please explain:

Are you, your spouse, or child(ren) expecting a settlement as a result of pending litigation? YES _____ NO _____

If yes, please explain:

Does anyone owe you or your spouse money as a result of a judgment in court? YES _____ NO _____

If yes, please explain:

VERIFICATION AND AGREEMENT

I affirm subject to the penalties for perjury that the above information is true. I agree to inform Mann Law, P.C., in writing, immediately of any changes in this information between the time I sign this verification and the date my dissolution becomes final.

Date: ____/____/____

Signature: _____