

THE LAW OFFICE OF

Denise Norman

Personal Information:

Client Name: _____

Home Address: _____

Mailing Address: _____

County of Residence: _____ Time at Current Address: _____

Date of Birth: _____ County/State of Birth: _____

Driver's License Number: _____ Driver's License Issued by: _____

Social Security Number: _____ - _____ - _____

Contact:

Home Phone: _____ Cell Phone: _____

Email Address: _____

What is your preferred method of communication?

Email _____ or Phone (please specify which phone number) _____

Personal Employment Information:

Employer: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

Position: _____ Monthly Net Income: _____

Work Email: _____ Length of Employment: _____

Emergency Contact:

Emergency Contact Name: _____ Relation to You: _____

Emergency Contact Address: _____

Emergency Contact Phone Number: _____

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Other Party Information: Please fill out this section to the best of your knowledge

Client Name: _____

Home Address: _____

Mailing Address: _____

County of Residence: _____ Time at Current Address: _____

Date of Birth: _____ County/State of Birth: _____

Driver's License Number: _____ Driver's License Issued by: _____

Social Security Number: _____ - _____ - _____

Other names they have been known by: _____

Other Party Contact Information: Please fill this out to the best of your knowledge

Home Phone: _____ Cell Phone: _____

Email Address: _____

Other Party Work Information:

Employer: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

Position: _____ Monthly Net Income: _____

Work Email: _____ Length of Employment: _____

Marriage/Separation Information:

Date of Marriage: _____ Date of Separation: _____

City, County, and State Where Married: _____

THE LAW OFFICE OF

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Children of the Parties:

Child 1:

Name: _____

Date of Birth: _____ City, and State of Birth: _____

Child Currently Resides With: _____ How Long: _____

Driver's License Number: _____ Driver's License Issued by: _____

Social Security Number: _____ - _____ - _____

Child 2:

Name: _____

Date of Birth: _____ City, and State of Birth: _____

Child Currently Resides With: _____ How Long: _____

Driver's License Number: _____ Driver's License Issued by: _____

Social Security Number: _____ - _____ - _____

Child 3:

Name: _____

Date of Birth: _____ City, and State of Birth: _____

Child Currently Resides With: _____ How Long: _____

Driver's License Number: _____ Driver's License Issued by: _____

Social Security Number: _____ - _____ - _____

THE LAW OFFICE OF

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Property Information: *Please fill out this section only for Divorce*

Who Resides at Property/ How is the Property Used: _____

Property Address: _____

Date Purchased: _____ Purchase Price: _____

Mortgage Holder: _____ Amount Owed: _____

Account Number: _____ Expected Value: _____

Who Resides at Property/ How is the Property Used: _____

Property Address: _____

Date Purchased: _____ Purchase Price: _____

Mortgage Holder: _____ Amount Owed: _____

Account Number: _____ Expected Value: _____

Who Resides at Property/ How is the Property Used: _____

Property Address: _____

Date Purchased: _____ Purchase Price: _____

Mortgage Holder: _____ Amount Owed: _____

Account Number: _____ Expected Value: _____

THE LAW OFFICE OF

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Vehicle Information: Please include all vehicles even if Airplanes, ATV's, RV's, etc.

Make: _____ Model: _____ Year: _____

Note Holder: _____ Account Ending In: _____

Balance Owed: _____ Expected Value: _____

Parties on the Title: _____ In Possession Of: _____

Make: _____ Model: _____ Year: _____

Note Holder: _____ Account Ending In: _____

Balance Owed: _____ Expected Value: _____

Parties on the Title: _____ In Possession Of: _____

Make: _____ Model: _____ Year: _____

Note Holder: _____ Account Ending In: _____

Balance Owed: _____ Expected Value: _____

Parties on the Title: _____ In Possession Of: _____

Make: _____ Model: _____ Year: _____

Note Holder: _____ Account Ending In: _____

Balance Owed: _____ Expected Value: _____

Parties on the Title: _____ In Possession Of: _____

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Asset Account Information: Please include all checking, savings, mutual funds, etc.

Bank Name: _____ Type of Account: _____

Account Ending In: _____ Approximate Balance: _____

Name(s) on Account: _____

Award Account To: _____

Bank Name: _____ Type of Account: _____

Account Ending In: _____ Approximate Balance: _____

Name(s) on Account: _____

Award Account To: _____

Bank Name: _____ Type of Account: _____

Account Ending In: _____ Approximate Balance: _____

Name(s) on Account: _____

Award Account To: _____

Bank Name: _____ Type of Account: _____

Account Ending In: _____ Approximate Balance: _____

Name(s) on Account: _____

Award Account To: _____

Bank Name: _____ Type of Account: _____

Account Ending In: _____ Approximate Balance: _____

Name(s) on Account: _____

Award Account To: _____

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Credit Accounts and Other Debts:

Creditor: _____ Type of Account: _____

Account Ending In: _____ Approximate Balance: _____

Name(s) on Account: _____

Award Account To: _____

Creditor: _____ Type of Account: _____

Account Ending In: _____ Approximate Balance: _____

Name(s) on Account: _____

Award Account To: _____

Creditor: _____ Type of Account: _____

Account Ending In: _____ Approximate Balance: _____

Name(s) on Account: _____

Award Account To: _____

Creditor: _____ Type of Account: _____

Account Ending In: _____ Approximate Balance: _____

Name(s) on Account: _____

Award Account To: _____

Creditor: _____ Type of Account: _____

Account Ending In: _____ Approximate Balance: _____

Name(s) on Account: _____

Award Account To: _____