

Law Offices of
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FAMILY LAW INFORMATION SHEET

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____

Work Address: _____

Gross Monthly Income: _____ Your Date of Birth: _____ Age: _____

Your Social Security Number: _____ Number of Minor Children: _____

Opposing Party: _____

Their Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Their Occupation: _____ Employer: _____

Work Address: _____

Gross Monthly Income: _____ Date of Birth: _____ Age: _____

Their Social Security Number: _____

How did you hear about our office? Internet: ____ If so, using mobile device: Y or N

Personal Referral (Please specify who so we can thank them.): _____

Lawyer Referral Service: ____ Other (please specify): _____

Nature of your matter: Divorce: ____ Custody: ____ Support: ____ Other: _____

Main Objective: _____

Have you consulted another attorney in this matter? YES/NO If yes, what is attorney's name and address: _____

Have you been served with any papers? Yes/No If yes, date served: _____

What was the method of service? Personal/Mail/Other: _____

Does the opposing party have an attorney? Yes/No If yes, attorney's name, address and phone number: _____

What is your Marital Status: Married_____ Separated_____ Divorced _____
Date of Marriage: _____ Date of Separation: _____
Do you want your former name restored? _____ If yes, name: _____

Minor Children:

Name: _____ DOB: _____ Age: _____
Name: _____ DOB: _____ Age: _____
Name: _____ DOB: _____ Age: _____
Name: _____ DOB: _____ Age: _____
Name: _____ DOB: _____ Age: _____

Description of Opposing Party: Height: _____ Weight: _____
DOB _____ Age: _____ Hair color: _____ Eye Color: _____
Race: _____ Glasses: Yes/No Other: _____

RESIDENCE:

Do you own your home or are you renting: Own/Renting If own, what is the home's current fair market value _____ How much do you owe on home _____

RETIREMENT/PENSION

Do you or your spouse have any pensions or retirement plans either individually or through an employer? Yes/No If yes, provide information:

Husband's _____
Wife's _____

VEHICLES: (including travel trailers, boats, motorcycles, etc.)

Make: _____ Model: _____ Year: _____ License No. _____
Make: _____ Model: _____ Year: _____ License No. _____
Make: _____ Model: _____ Year: _____ License No. _____
Make: _____ Model: _____ Year: _____ License No. _____

CHECKING, SAVINGS, CREDIT UNION AND OTHER TYPES OF ACCOUNTS:

Type: Checking/Savings/CU/Other: _____ Institution: _____
Name(s) on account: _____ Balance: _____
Type: Checking/Savings/CU/Other: _____ Institution: _____
Name(s) on account: _____ Balance: _____
Type: Checking/Savings/CU/Other: _____ Institution: _____
Name(s) on account: _____ Balance: _____

BUSINESS INTERESTS:

Do you or your spouse currently own or have an interest in a business? Yes/No

If yes, explain _____

SEPARATE PROPERTY:

Have you received any gifts or inheritance before or during marriage? Yes/No

If yes, please list what you received, when it was received, and source below.

Item: _____ Date Received: _____ Source: _____

Item: _____ Date Received: _____ Source: _____

Item: _____ Date Received: _____ Source: _____

Item: _____ Date Received: _____ Source: _____

List any items of property which you owned prior to marriage below:

Item: _____ Date Acquired: _____ Value: _____

Item: _____ Date Acquired: _____ Value: _____

Item: _____ Date Acquired: _____ Value: _____

Any additional information you would like to add: _____
