

MARGARET GETTLE WASHBURN, P.C.

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MARGARET GETTLE WASHBURN

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CONFIDENTIAL CLIENT INFORMATION SHEET

TODAY'S DATE: _____

YOUR PERSONAL INFORMATION:

NOTE: All correspondence from this office will be sent using the information provided. Please be sure it is secure and do not list an address where mail could be retrieved by the other party or anyone else; rather, give us a safe address, or call us later when you obtain a secure address such as a PO Box. Do not list a telephone number, email address, or fax number where documents may be intercepted or received by the other party or anyone you do not want receiving them. Rather, give a safe number or email address, or call us later when you obtain such safe contact information. We strongly suggest that you create a new email account with a new password for any communications with this office.

Full Name: _____ Date of Birth: _____

Maiden Name: _____ Soc. Sec. No.: _____

Main goal of today's consultation: _____

CURRENT HOME ADDRESS:

Street: _____ County of Home Address: _____

City, State, Zip: _____ Lived at since: _____

Home: _____ Work: _____

Cell: _____ Fax No: _____

Email address: _____

ALTERNATE MAILING ADDRESS: _____

WORK ADDRESS:

Company Name: _____ Title or Position Held: _____

Street: _____ Length of time at this employer: _____

City, State, Zip: _____ Gross Annual Income: _____

Phone: _____ Facsimile: _____ Email: _____

NAME, ADDRESS, AND PHONE OF A CLOSE FRIEND OR RELATIVE WE CAN CONTACT WHO WILL ALWAYS BE ABLE TO REACH YOU: _____

Who referred you to our office? _____

Can we send a thank you note to the person who referred you to our office? Yes No

ANY PREVIOUS HOME ADDRESS (FOR PAST 6 YEARS):

Street: _____ County of Home Address: _____

City, State, Zip: _____ Lived at Address Since: _____

Street: _____ County of Home Address: _____

City, State, Zip: _____ Lived at Address Since: _____

INFORMATION ABOUT OPPOSING PARTY:

Full Name: _____ Date of Birth: _____

Maiden Name: _____ Soc. Sec. No.: _____

CURRENT HOME ADDRESS:

Street: _____ County of Home Address: _____

City, State, Zip: _____ Live at since: _____

Home: _____ Work: _____

Cell: _____ Fax No: _____

Email address: _____

WORK ADDRESS:

Company Name: _____ Title or Position Held: _____

Street: _____ Length of time at this employer: _____

City, State, Zip: _____ Gross Annual Income: _____

Educational and vocational training (including last grade attended and/or any college, if applicable):

HISTORY OF THIS MARRIAGE (OR LAST MARRIAGE IF APPLICABLE):

Date of Marriage: _____ # of previous marriages: _____

Place of Marriage: _____ # of spouse's previous marriages: _____

When is the last time you had sexual relations with your spouse? _____

Are you and your spouse/former spouse currently living together? Yes No

Have you and your spouse lived together continuously throughout the marriage? Yes No

If no, please explain: _____

Do you have any interest in reconciliation? Yes No

As far as you know, does your spouse have any interest in reconciliation? Yes No

Have you tried marriage counseling? Yes No

Are you seeking alimony? Yes No

Have you signed any document which may affect this case, including any prenuptial or postnuptial agreements or any other document presented by the opposing party? Yes No

If yes, please describe _____

INFORMATION ABOUT YOUR CHILDREN:

CHILDREN OF THIS MARRIAGE:

Full Name: _____ Date of Birth: _____ Male Female

Full Name: _____ Date of Birth: _____ Male Female

Full Name: _____ Date of Birth: _____ Male Female

Full Name: _____ Date of Birth: _____ Male Female

ADDRESSES AT WHICH THESE CHILDREN HAVE LIVED FOR THE LAST FIVE YEARS AND WITH WHOM:

Street: _____ Lived with: _____

City, State, Zip: _____ Dates at this address: _____

Street: _____ Lived with: _____

City, State, Zip: _____ Dates at this address: _____

Street: _____ Lived with: _____

City, State, Zip: _____ Dates at this address: _____

CHILDREN LIVING WITH YOU BUT NOT OF THIS MARRIAGE (Please indicate with ✓ any children for which you receive child support pursuant to an already-established child support order):

Full Name: _____ Date of Birth: _____ Male Female

Full Name: _____ Date of Birth: _____ Male Female

Full Name: _____ Date of Birth: _____ Male Female

Full Name: _____ Date of Birth: _____ Male Female

Do any of the children have any special needs that will be a factor in this case (i.e., illness, learning disability, physical impairment, etc.)? Yes No

If yes, please explain: _____

Do you anticipate a dispute about the custody of the children? Yes No

If yes, please describe what custody arrangement you are seeking: _____

YOUR EDUCATIONAL HISTORY:

Educational and vocational training (including last grade attended and/or any college, if applicable):

INFORMATION ABOUT PRIOR PROCEEDINGS:

Have there been any other legal proceedings between you and the opposing party? Yes No

If yes, please describe: _____

Have any criminal charges, including family violence charges been filed against you or against the opposing party at any time during this marriage? Yes No

If yes, please explain: _____

Have the opposing party consulted with or retained an attorney regarding this matter? Yes No

If yes, please indicate the attorney's name and address if known: _____

