



General Client Information Sheet

Date: _____

First Name Middle Last Name

Mailing Address: _____
Street number & name

City: _____ State: _____ Zip Code: _____ How long in NM: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Email Address: _____

Employer (Name & Address): _____

Employer Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Who May We Contact if we cannot get a hold of you? _____

Phone Number: _____

Date of Marriage: _____

Date of Separation : _____

Location of Marriage: _____

Opposing Party's Information

First Name Middle Last Name

Mailing Address: _____
Street number & name

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Email Address: _____

Employer (Name & Address): _____

Employer Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Has the Opposing Party retained Counsel? _____

If so, who is the attorney? _____

Has a petition been filed by the opposing party? _____

If so, when? _____

Were you or are you currently represented by counsel? _____

Children

How many children came of this marriage? _____

Name of Child	Date of Birth	Where they reside	Name of School

Assets

Bank Accounts/Real Estate/Automobile	Account Holder Name	Approx Value.

