



General Client Information Sheet

Date: \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Last Name

Mailing Address: \_\_\_\_\_  
Street number & name

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How long in PA: \_\_\_\_\_

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.

Expenses

Monthly Expenses Type	Approx Amount

Debts

Creditor	Amount	Who will be responsible

How did you hear about our firm? \_\_\_\_\_

Our Expertise Is Your Powerhouse

