



## CLIENT INFORMATION SHEET

### CLIENT INFORMATION

Name: (Last)		(First)	(Middle)
Date of birth:	SSN:		
Current address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	Email:	

### EMPLOYER INFORMATION

Current employer:			
Employer address:			
City:	State:	ZIP Code:	
Phone:	Email:	Position:	

### OPPOSING PARTY INFORMATION

Name: (Last)		(First)	(Middle)
Date of birth:	SSN:		
Current address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	Email:	

### OPPOSING PARTY PHYSICAL DESCRIPTION (In the event that we need to have them personally served)

Height:	Weight:	Hair Color:	Eye Color:	Other Description:
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### OPPOSING PARTY EMPLOYMENT INFORMATION

Current employer:			
Employer address:			
City:	State:	ZIP Code:	
Phone:	Email:	Position:	

### CHILDREN

Name:	Birthdate:	Name:	Birthdate:
Name:	Birthdate:	Name:	Birthdate:

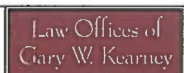
### BRIEFLY DESCRIBE YOUR LEGAL SITUATION


HOW WHERE YOU REFERRED TO US:  FRIEND  MAGAZINE  INTERNET  OTHER \_\_\_\_\_

### SIGNATURE

Signature of client:	Date:
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A \$75 Consultation Fee Due at time of services.



*Certified Specialist - Family Law*  
The State Bar of California  
Board of Legal Specialization

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