

PETERSON LAW, PLC  
ATTORNEY AT LAW  
CLIENT INFORMATION FORM

DATE: \_\_\_\_\_

How did you come to know of our office?: \_\_\_\_\_

CLIENT INFORMATION FORM

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Year/Make/Model Vehicle: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Monthly Car Note Amount \$ \_\_\_\_\_

Do you have Health/Dental/Vision Insurance? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Carrier Name: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

Your Highest Level of Education: \_\_\_\_\_

Home: Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Monthly Note Amount \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Number of this Marriage: \_\_\_\_\_ Ended in Death: \_\_\_\_\_

Ended in Divorce/Annulment: \_\_\_\_\_

Are you a member of the Armed Forces: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Are you retired: YES/NO

If yes: Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

INFORMATION RE: OPPOSING PARTY:

CHECK ONE: SPOUSE \_\_\_\_\_ EX SPOUSE \_\_\_\_\_ OTHER \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Make/Model/Year Vehicle: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Monthly Car Note Amount: \_\_\_\_\_

Does he/she have Health/Dental/Vision Insurance? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

His/Her Highest Level of Education: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Monthly Mortgage Note: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of this Marriage: \_\_\_\_\_

Number Ended by Death: \_\_\_\_\_ Number Ended by Divorce/Annulment: \_\_\_\_\_

Are they a Member of the Armed Forces: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Are you retired: YES/NO

If yes, Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Does opposing party have an Attorney? : \_\_\_\_\_

If so, who? : \_\_\_\_\_

Type of Case: Divorce: \_\_\_\_\_ Separation: \_\_\_\_\_ Custody: \_\_\_\_\_ Visitation: \_\_\_\_\_

Child Support: \_\_\_\_\_ Adoption: \_\_\_\_\_

Other: (Please Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DIVORCE/SEPARATION/SUPPORT INFORMATION**

If Married, Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

If Divorced, Date of Final Decree: \_\_\_\_\_ City, State of Divorce: \_\_\_\_\_

City/County last lived together: \_\_\_\_\_

Wife's Maiden Name: \_\_\_\_\_ Restoration Desired? : \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Is there a Pre-Nuptial Agreement? : \_\_\_\_\_

Address last co-habited as Husband & Wife: \_\_\_\_\_

How long have you lived in Virginia? : \_\_\_\_\_ Grounds for Divorce: \_\_\_\_\_

**CHILD/CHILDREN'S NAME(S):**

\_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_ AGE: \_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_ AGE: \_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_ AGE: \_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_ AGE: \_\_\_\_

Have they been provided with Health/Dental/Vision Insurance? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF CHILDREN ARE MINORS:**

The present address of the Child/Children:

\_\_\_\_\_

Dates and Addresses where the child/children have lived during the last 5 years:

From: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_  
Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_  
Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_  
Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_  
Zip: \_\_\_\_\_

Names and addresses of each person with whom the said child/children have lived during the last 5 years:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you participated, either as a party, witness, or in any other capacity, in any other litigation concerning custody of said child/children in any State? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you know of any person who is not already named as a party in this proceeding who has physical custody of said child/children or who claims to have custody or visitation rights with respect to said child/children? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand and agree that the initial 30 minutes of consultation is free of charge.  
Thereafter Attorney reserves right to charge an hourly fee at her customary rate.

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