

GENERAL CLIENT INFORMATION
Domestic Relations

Susan Eggert, Attorney at Law

Date: _____

YOUR INFORMATION:

Name: _____
First Middle (full middle name) Last

Social Security #: _____ Phone Number: _____

Address: _____
City State Zip

Email: _____

Would you like to receive all documents via email: Yes No

Employer: _____ Monthly Income: _____

Occupation: _____ Employer's Address: _____

Business Phone #: _____ Education: _____

Birthplace: _____ Birth Date: _____

Maiden Name: _____ Military Service: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Separation: _____ Length of Residency in CO: _____

Yearly Gross Income: _____

OPPOSING PARTY'S INFORMATION:

Name: _____
First Middle (full middle name) Last

Social Security #: _____ Phone Number: _____

Address: _____
City State Zip

Employer: _____ Monthly Income: _____

Occupation: _____ Employer's Address: _____

Business Phone #: _____ Education: _____

Birthplace: _____ Birth Date: _____

Maiden Name: _____ Military Service: _____

Length of Residency in CO: _____ Yearly Gross Income: _____

Do you wish to have your name returned to your maiden name? yes no

CHILDREN INFORMATION

Children of *this* marriage or relationship:

Name	Address	Birth date	SSN#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the child(ren) have not lived in Colorado for a minimum of 182 days, please list the name of the person the child(ren) lived with and the month, date and year when the child(ren) most recently moved to Colorado. _____

At what addresses? _____

Children of *prior* marriage or relationship born to you or opposing:

Name	Address	Birth date	SSN#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you participated in any other litigation concerning the children? Yes
 No. If yes, please list the names of parties, case number, court and state: _____

Do you or the opposing party have any other children not of this marriage or relationship? _____

The following people are not parties to this proceeding, but have allocation of parental responsibilities, parenting time, or other visitation rights to the children of *this* action/marriage (include name, address, and telephone number): _____

Are you and your children receiving benefits or public assistance from the State Department of Human Services or the County Department of Human Services?
 Yes No. If yes, please answer the following:

Name of Person Receiving Benefit:	County or State:	Case No.
_____	_____	_____
_____	_____	_____

Have any restraining orders been issued against either party during the marriage? Yes No. If your answer was yes, complete the following: The Restraining Order was temporary permanent and issued against:_____ in the County of_____, State of _____, in case number _____. What was the subject matter of the Restraining Order:_____

Please List, in general, your assets and their value:

ASSET	VALUE
_____	_____
_____	_____
_____	_____
_____	_____

Please list, in general, your debts:

CREDITOR	AMOUNT OF DEBT
_____	_____
_____	_____
_____	_____
_____	_____

Any other information you think would be helpful for Susan Eggert to know:

How were you referred to us:

- Yellow Pages
- Friend:_____
- Other:_____