



Affordable Divorce

Divorce doesn't have to cost you a fortune, save your money for something fun.

CLIENT INFORMATION SHEET

Cause No. _____

_____ District Court

Date Filed: _____

FULL NAME: First _____ Middle _____ Last _____

ADDRESS: Street _____ City/State _____ Zip _____

COUNTY: _____

BIRTH DATE: _____ Age: _____

PHONE: Home: _____ Work: _____

SOCIAL SECURITY: _____ DRIVER'S LICENSE: _____

EMPLOYER: _____

WORK ADDRESS: _____

SPOUSE'S FULL NAME: First _____ Middle _____ Last _____

ADDRESS: Street _____ City/State _____ Zip _____

COUNTY: _____

PHONE: Home: _____ Work: _____

BIRTH DATE: _____ Age: _____

SOCIAL SECURITY: _____ DRIVER'S LICENSE: _____

EMPLOYER: _____

WORK ADDRESS: _____

MARRIAGE-(CITY, COUNTY AND STATE): _____

DATE OF MARRIAGE: _____

DATE OF SEPARATION: _____

DO YOU REQUEST A NAME CHANGE? _____

CHILD'S FULL NAME: _____

SEX: _____

DATE OF BIRTH: _____

BIRTHPLACE: _____

PRESENT RESIDENCE: _____ (Lives w/Mother or Father)

SOCIAL SECURITY: _____

AMOUNT OF CHILD SUPPORT: _____

INSURANCE PROVIDED BY: _____

How did you hear of Affordable Divorce? _____