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**CLIENT INFORMATION FORM**

NAME: \_\_\_\_\_ MAIDEN NAME?: \_\_\_\_\_

ADDRESS (to which you want information about your case sent): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OR YEAR YOU BEGIN LIVING IN NEVADA (as specific as possible): \_\_\_\_\_

TELEPHONE:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

CAN A MESSAGE BE LEFT ON YOUR HOME PHONE:       YES       NO

CAN YOU BE CONTACTED AT WORK:       YES       NO

CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

CAN A MESSAGE BE LEFT ON YOUR CELL PHONE:       YES       NO

E-MAIL: \_\_\_\_\_

DO YOU CONSENT TO RECEIVE COPIES OF CORRESPONDENCE, PLEADINGS AND  
BILLINGS AND OTHER COMMUNICATIONS ABOUT YOUR CASE BY E-MAIL  
ONLY  YES  NO

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ YOUR TITLE: \_\_\_\_\_

EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

WORK HOURS: \_\_\_\_\_

GROSS INCOME: \_\_\_\_\_ per \_\_\_\_\_ NET INCOME: \_\_\_\_\_ per \_\_\_\_\_

ARE/ WERE YOU IN THE MILITARY:  YES  NO YOUR SPOUSE:  YES  NO

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_

**MARRIAGE AT ISSUE (current or prior marriage that is the subject of this litigation):**

DATE OF MARRIAGE: \_\_\_\_\_ LOCATION (City and State): \_\_\_\_\_

ARE YOU STILL MARRIED:  YES  NO (date of divorce: \_\_\_\_\_)

ARE YOU LIVING TOGETHER:  YES  NO (date of separation: \_\_\_\_\_)

SPOUSE NAME (or former spouse): \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ATTORNEY (if known): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

GROSS INCOME: \_\_\_\_\_ per \_\_\_\_\_ NET INCOME: \_\_\_\_\_ per \_\_\_\_\_

CHILDREN OF ***THIS*** MARRIAGE:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

CHILDREN YOU HAVE **NOT** OF THIS MARRIAGE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

WHERE ARE CHILDREN LIVING?: \_\_\_\_\_

CURRENT CUSTODY AND VISITATION ARRANGEMENT: \_\_\_\_\_

DESIRED CUSTODY AND VISITATION ARRANGEMENT: \_\_\_\_\_

DESIRED LEGAL CUSTODY:     JOINT         MOM ONLY         DAD ONLY

DESIRED PHYSICAL CUSTODY:  JOINT         MOM PRIMARY     DAD PRIMARY

IS SUPERVISED VISITATION NECESSARY?:     YES         NO

IF YES, WHY: \_\_\_\_\_

DO ANY OF THE CHILDREN HAVE ANY SPECIAL NEEDS (medical, education, etc.)

NO     YES (Please describe: \_\_\_\_\_)

DO YOU  PAY or  RECEIVE CHILD SUPPORT?        AMOUNT PER MONTH:\$ \_\_\_\_\_

HAVE ALL PAYMENTS BEEN MADE:  YES     NO (If no, how much is owed:\$ \_\_\_\_\_)

WHOSE HEALTH PLAN WILL CHILDREN BE ON:  MOTHER  FATHER  BOTH

WHO WILL PAY FOR THE COVERAGE:         MOTHER     FATHER     BOTH

WHO WILL PAY NON-COVERED EXPENSES:     MOTHER     FATHER     BOTH

ARE THERE ANY UNPAID CHILD MEDICAL BILLS:  YES (how much:\$ \_\_\_\_\_)  NO

ARE THERE ANY OTHER COSTS ASSOCIATED WITH THE CHILDREN (daycare, tutoring,  
etc.—please explain and specify which children are involved) \_\_\_\_\_

HOW MUCH, IF ANY, SPOUSAL SUPPORT ARE YOU RECEIVING: \$\_\_\_\_\_ per\_\_\_\_\_.

IS THIS FROM A  INTERIM (Temporary) OR  FINAL ORDER (Decree, etc.) OF THE COURT  
WHEN DOES THIS ALIMONY END: \_\_\_\_\_

HOW MUCH, IF ANY, SPOUSAL SUPPORT DO YOU NEED: \$\_\_\_\_\_ per\_\_\_\_\_

HAVE THERE BEEN ANY ALLEGATIONS OF ASSAULT, BATTERY, DOMESTIC VIOLENCE,  
INFLECTION OF EMOTIONAL DISTRESS, INFLECTION OF DISEASE, FRAUD OR  
NEGLIGENCE BY EITHER PARTY?  NO  YES (If YES, explain: \_\_\_\_\_  
\_\_\_\_\_)

ARE THERE ANY CURRENT OR PRIOR COURT ACTIONS IN THIS OR ANY OTHER  
STATE?  NO  YES (If yes, list state, court, approximate date of filing and case  
number: \_\_\_\_\_)

HAS EITHER PARTY EVER FILED BANKRUPTCY:  NO  YES

WHAT DAMAGING STATEMENT MIGHT THE OTHER SIDE ALLEGE AGAINST YOU  
(WHETHER TRUE OR NOT): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE ANYTHING ELSE YOU THINK SHOULD BE BROUGHT TO MY ATTENTION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE THE "AFFIDAVIT OF FINANCIAL CONDITION" AVAILABLE ON  
OUR WEBSITE (FORMS.LVDIVORCE.COM)