

Client Information Sheet

PARTIES			
Client 1: Mr Mrs Ms		Client 2: Mr Mrs Ms	
Full Name:		Full Name:	
Residential Address:			
Postal Address:			
Work Address: Client1:		Client 2:	
Occupation: Client1:		Client 2:	
Home phone: Client1:	Client 2:	Work Phone: Client 1:	Client 2:
Mobile: Client 1:	Client 2:	Preferred contact:	
Email: Client 1:		Client 2:	
Date of birth: Client 1:	Client 2:	Current Age: Client 1:	Client 2:
Ethnicity: Client 1:		Client 2:	
Alternate Contact:			
Residential Address:			
Home phone:		Work phone:	
Mobile:		Email:	
IF YOU ARE WISHING TO CONSULT A LAWYER IN RELATION TO FAMILY COURT PROCEEDINGS PLEASE COMPLETE THE FURTHER DETAILS REQUESTED OVER THE PAGE			
OFFICE USE ONLY:			
Referred by:			
Fees discussed:			
Estimate of fees and disbursement:			
Request for payment on account:			

RESPONDENT/OTHER PARTY:

Full Name:

Residential Address:

Postal Address:

Work Address:

Occupation:

Home phone:

Work phone:

Mobile:

Preferred contact:

Email:

Date of birth:

Current Age:

Ethnicity:

RELATIONSHIP OF RESPONDENT/OTHER PARTY TO YOU**Nature of relationship eg. husband, wife, partner etc:**

Relationship began:

Date commenced living together:

Date of marriage:

Place of marriage:

Date of separation:

Date marriage dissolved:

CHILDREN

Full names

M/F

Age

Date of
birth

Orders?

Lives with...

Full names	M/F	Age	Date of birth	Orders?	Lives with...

PREVIOUS PROCEEDINGS

Approximate date:

Court:

Your Lawyer's name:

LAWYER ACTING FOR OTHER PARTY (if known)

Name:

Firm:

LAWYER FOR CHILD (if known)

Name:

Firm: