

ELMEN LAW FIRM P.C.
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Saratoga Springs, NY 12866
518-430-2284

CLIENT INFORMATION SHEET

Date of Consultation: _____

Attorney: _____

This client information sheet was designed to provide our attorneys with key information regarding you and your spouse, or the parent of your child or children. All information provided to us will be kept confidential by your law firm. Please provide all information to the best of your ability so that our initial consultation with you will be productive and informative. Should you possess a question regarding information requested, our attorneys will discuss your question during the consultation. Thank you for assisting us to better serve you.

CLIENT INFORMATION:

Name: _____
(First) (Middle) (Last) (Maiden)

Street Address: _____ Social Security No: _____

City, Town or Village of _____ State: _____ Zip Code: _____
(Please circle one)

Home Telephone No: _____ Work Telephone No.: _____

Cellular Telephone No.: _____ Email: _____

Occupation: _____ Years in Occupation: _____

Employer: _____ Length of Employment: _____

Employer's Address: _____

Date of Birth: _____ Place of Birth: _____
(Town/City and State)

Place of Current Marriage: _____
(Town/Village/City) (State or Country)

Date of Current Marriage: _____

Educational Degree(s):

High School: _____
(Highest Grade Completed) (Year Completed) (Degree Obtained)

College: _____
(Semesters Completed) (Year Completed) (Degree Obtained)

Graduate School: _____
(Credits Earned) (Year Completed) (Degree Obtained)

Date of Physical Separation: _____

Number of Prior Marriages: _____ How ended: _____
(Divorce/Annulment/Death)

SPOUSE/PARENT OF CHILD OR CHILDREN:

Name: _____
(First) (Middle) (Last) (Maiden)

Street Address: _____ Social Security No: _____

City, Town or Village of _____ State: _____ Zip Code: _____
(Please circle one)

Home Telephone No: _____ Work Telephone No.: _____

Cellular Telephone No.: _____ Email: _____

Occupation: _____ Years in Occupation: _____

Employer: _____ Length of Employment: _____

Employer's Address: _____

Date of Birth: _____ Place of Birth: _____
(Town/City and State)

Educational Degree(s):

High School: _____
(Highest Grade Completed) (Year Completed) (Degree Obtained)

College: _____
(Semesters Completed) (Year Completed) (Degree Obtained)

Graduate School: _____
(Credits Earned) (Year Completed) (Degree Obtained)

Number of Prior Marriages: _____ How ended: _____
(Divorce/Annulment/Death)

PHYSICAL DESCRIPTION OF SPOUSE/OTHER PARENT OF CHILD/CHILDREN:

Height _____ Weight _____ Hair Color _____ Eye Color _____ Age _____

Mustache/Beard/Glasses Vehicle Make/Model/Color: _____
(CIRCLE ONE)

Best Place/Time to serve papers upon them: _____

CHILDREN OF CLIENT AND SPOUSE/OTHER PARENT:

(PLEASE LIST CHILDREN FROM OLDEST TO YOUNGEST)

NAME: AGE: DATE OF BIRTH:

1. _____
2. _____
3. _____
4. _____
5. _____