

Gimmel, Weiman, Ersek, Blomberg & Lewis, P.A.
Client Initial Information Form

I. Identification

1. **Client's Name:** _____ *Referred by:* _____

Home Address (including zip code): _____

Owned? *Leased?* _____

If you want mail or bills sent to an address other than your home address, please put that address here:

Home Phone: _____ *Office Phone:* _____

Cellular Phone: _____ *Fax Number:* _____

Primary Email Address: _____ *Secondary Email Address:* _____

Special instructions about sending emails, faxes, or leaving messages: _____

In the event this office must reach you on short notice, give the name, relationship, address, and telephone number of the person most likely to know your whereabouts:

Date of Birth: _____ 19____ *Social Security Number:* _____

Citizen of: _____

2. **Spouse's Name:** _____

Home Address (including zip code): _____

Home Phone: _____ *Office Phone:* _____ *Cellular Phone:* _____

Date of Birth: _____ 19____ *Social Security Number:* _____

Citizen of: _____

Name of Attorney Representing Spouse: _____

All the information you supply will be held in strict confidence

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3. Marriage you are here to discuss:

Date: _____ 19____ Place: _____
City County State

If separated, please give date: _____ Date of your Separation Agreement: _____

Date last had marital relations: _____ Date last slept together under same roof: _____

If divorced, please give date and location of divorce: _____

Do you have a Will: Yes No Health Care POA: Yes No Advance Medical Directive: Yes No

4. Children:

Name	Date of Birth	Age	Where Living	Children of This Marriage		Children Outside of This Marriage, Parent is:	
				Yes	No	Husband	Wife

State the amount of support you or your spouse actually pay for child support: \$ _____

By whom is the support paid? Husband Wife

Are any children over the age of 18 living at home due to enrollment in any educational or special training program? Yes No

State which child(ren); training program involved in; when complete:

5. Is there, or has there been, litigation between you and your spouse? Yes No

In what court was action filed? _____

When was action filed? _____

What issues are in contest? _____

Case number? _____

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6. Husband's Employment:

Is Husband: Employed? Self-Employed?

Name of Employer or Self-Owned Business _____

Title: _____

Address: _____

Annual Salary or Annual Income From Business : \$ _____

Type of Business: _____

Employed Since or Date Business Began: _____

Telephone Number: _____

If Un-employed: When and where last employed? Salary earned?

7. Wife's Employment:

Is Wife: Employed? Self-Employed?

Name of Employer or Self-Owned Business _____

Title: _____

Address: _____

Annual Salary or Annual Income From Business : \$ _____

Type of Business: _____

Employed Since or Date Business Began: _____

Telephone Number: _____

If Un-employed: When and where last employed? Salary earned? _____