



Retainer quoted: \$ _____

Date: _____

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PLEASE FILL OUT BELOW

Full Name: _____

Address: _____

City/Zip: _____

E-Mail Address: _____

Telephone #:(____) _____

Work:(____) _____

SS# _____

Date of Birth: _____

Employer: _____

Occupation: _____

Work Address: _____

Cell phone #:(____) _____

Fax #:(____) _____

DATE OF MARRIAGE: _____

DATE OF SEPARATION: _____

Spouse's/Opposing Party's Full Name: _____

Address: _____

City/Zip: _____

Telephone #:(____) _____

Work:(____) _____

SS# _____

Date of Birth: _____

Employer: _____

Occupation: _____

Work Address: _____

Cell phone #:(____) _____

Fax #:(____) _____

Who referred you to this office? _____

Have you seen an attorney before? _____ Name: _____

Do you have a case # ? _____ Case # is: _____

Spouse's/Opposing Party's attorney, if any: _____

Have you been a resident of California for at least 6 months and San Diego County for at least 3 months? _____

Attorney Use Only:

Type of File

BL GR ML

TEAMSTER DISSO POST JUDGEMENT PATERNITY COURT APPT

LRIS PLAINTIFF DEFENDANT RETAINED

Location : SBAY FCT FSD EL CAJON VISTA



If you have minor children, please list below:

NAME BIRTH DATE AGE SEX

PROPERTY INFORMATION

Please list property you own together with your spouse:

Real Estate: _____ Vehicles: _____

Bank Accounts: _____ Retirement: _____

Stocks, Bonds: _____ Businesses: _____

Other Property: _____

Please list any property which should be considered your separate property because you obtained it before your marriage, after separation, or as a gift or inheritance: _____

Same for Spouse: _____

Please list any debts you may have:

Credit cards: _____ Student loans: _____

Taxes: _____

Other: _____

Please list any special concerns you have: _____

DESCRIPTION OF SPOUSE

Age: _____ Race: _____ Height: _____ Weight: _____

Hair: _____ Mustache: Yes/No Beard: Yes/No Glasses: Yes/No

Car Make: _____ Model: _____ Year: _____

Best to serve at work or home? _____ Time: _____