



CLIENT INFORMATION SHEET

No one knows the facts of your case better than you and in order to properly represent you I must be as familiar as possible with these facts. It is necessary for you provide the following information as fully and accurately as possible in order for me to properly develop your case. It is essential for you to be entirely forthright and honest with my office, regardless of how trivial or potentially embarrassing the facts of your case may seem. Please remember that you are billed on an hourly basis and the more accurate and complete the information you provide, the less time will be needed.

This information is generally considered privileged and confidential as part of the attorney-client relationship. You should be aware, however, that under some extraordinary circumstances, such as, where a client persists in giving false testimony or uses false documents, client confidentiality may yield and the attorney may have a legal obligation to withdraw from the representation and possibly disclose to the court that false information has been provided by the client.

Part 1: General Information

1. Date: _____
2. How did you hear about our office? _____
3. Have you consulted any other attorneys in regard to this matter? If yes, please indicate the attorney's name and when you spoke to them. _____
 - a. Have documents been filed with the court in regard to this matter? _____ *If yes, please provide a copy of these documents.*
 - b. Have you been served? _____ If yes, when? _____
 - c. Is a hearing scheduled in this matter? If so, when? _____

Part 2: Client Information

1. Name:

(First) (Middle) (Last)
 - a. Maiden Name (If applicable): _____
2. Date of Birth: _____
3. Social Security Number: _____

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Charleston, SC 29403

4. Address: _____
(Street) (City) (State) (Zip)

**Note: Correspondence and documents will be sent to you at this address. Please do not list an address where mail could be retrieved by the opposing party.*

a. On what date did you become a resident of South Carolina? _____

5. Home Phone: _(_____)_____

a. May we contact you at this number? ____ May we leave messages at this number?

6. Cell Phone: ____(_____)_____

a. May we contact you at this number? ____ May we leave messages at this number?

7. Email Address: _____

**Please do not list an email address that might be accessed by an adverse party. Clients are encouraged to create a new password and/or email account for the purpose of communicating with our office.*

8. Name of Employer: _____ Position: _____

9. Dates of Employment: _____ Annual Salary: _____

10. Business Phone: (____) _____ May we contact you at work? _____

11. Please list any other sources of income:

12. Have you ever served in the military? ____ If yes, please list dates of service: _____

13. Please list all retirement and pension accounts: _____

14. Please list any serious health conditions: _____

15. Do you have health insurance? If so, by whom is it provided? _____

16. Please state your educational and vocational training:

Part 3: Opposing Party Information

1. Name: _____
(First) (Middle) (Last)

a. Maiden Name (If applicable): _____

2. Date of Birth: _____

3. Social Security Number: _____

4. Address: _____

(Street) (City) (State) (Zip)

**Note: Correspondence and documents will be sent to you at this address. Please do not list an address where mail could be retrieved by the opposing party.*

a. On what date did he or she become a resident of South Carolina? _____

5. Home Phone: _(_____)_____ Cell Phone: ___(_____)_____

6. Name of Employer: _____ Position: _____

7. Dates of Employment: _____ Annual Salary: _____

8. Business Phone: (____) _____

9. Please list any other sources of income: _____

10. Has he or she ever served in the military? ____ If yes, please list dates of service: _____

11. If represented by an attorney please list that attorney's name, address, and phone number:

12. Please list all retirement and pension accounts: _____

13. Please list any serious health conditions: _____

14. Does he or she have health insurance? If so, by whom is it provided? _____

15. Please state his or her educational and vocational training: _____

Part 4: Children

1. Please list the name(s), birthday, and sex of any children from **THIS** relationship:

Name	Date of Birth	Sex

2. Do either your or the opposing party have child(ren) from a prior relationship? _____
3. Do any of the children have any serious physical or medical conditions, or learning disabilities (If yes, please explain)? _____

4. Where are the children currently residing? _____
5. Who is currently providing financial support for the children? _____
6. Do you anticipate a dispute about custody of the children? _____
7. Are you and your spouse able to communicate civilly about the children? _____
8. What is your child's strongest subject in school and why? _____

9. What is your child's weakest subject in school and why? _____

10. Have you met with your child's teacher? _____
11. Are your child(ren) aware of the current Court proceedings? _____
12. How do you explain the present Court action to your child? _____

13. How do you discipline your child(ren)? _____

 _____ "Time Out" _____ "Spanking"/ Corporal punishment:

 _____ Discussion/Correction with words _____ Loss of Privileges
 _____ Other

Explain: _____

14. What are the child(ren)'s feelings about the other parent? _____

15. Has the other parent or party been involved in the child(ren)'s extracurricular activity or sport involvement? _____

16. Please describe the child(ren)'s daily schedule: _____

Part 5: Marriage

1. Date of Marriage: _____ County and State Where Married : _____

2. Date Last Lived Together or Had Marital Relations: _____

3. Have you or your spouse signed any documents relating to the marriage or separation, such as, prenuptial and postnuptial agreements? _____ *If yes, please provide a copy of the document(s).*

4. Briefly state the reason for separation: _____

5. Please provide a brief timeline of important events that led to the demise of your marriage:

Date	Describe Event

6. The following behavioral problems often appear in troubled relationships. Please check whether you feel this problem was yours, your spouse's (significant other or other party) or both. You may include a brief comment on the major problems listed.

Problems	Yourself	Spouse/ Other Parent	Comments
Unreliability			
Irresponsible Behavior			
Extreme Mood Swings			

Frequent change of address			
Infidelity			
Unreasonable jealousy			
Unreasonable distrust			
Emotional abuse			
Verbal abuse			
Physical abuse			
Destruction of property			
Sexual abuse			

Use of pornography			
Drug use/abuse			
Alcohol use/abuse			
Excessive gambling			
Excessive spending or misuse of money			
Criminal behavior			
Erratic Employment			
Excessive use of medications			

7. Were there any instances of *physical* abuse by either party during the marriage? _____

- a. If yes, please briefly explain the details and state approximate dates of occurrences, including most recent incident.

8. Were there any instances of adultery committed by either party during the marriage? _____

- a. If yes, please briefly explain the details and state approximate dates of occurrences, including most recent incident.

9. Did either party have a problem with drug or alcohol abuse during the marriage? _____

- a. If yes, please briefly explain the details and state approximate dates of occurrences, including most recent incident.

10. Do you or your spouse have any interest in reconciliation? _____

11. Have either or both of you participated in marriage counseling? _____ If yes, when?

12. Have either of you previously considered ending your marriage? _____ If yes, when?

13. Were either of you previously married? _____ If yes, when? _____

14. Please list any child or spousal support currently being paid and/or received by either of you:

15. Please describe your contributions (monetary or other) to the marriage, family, and household:

- a.
- b.
- c.

16. Please describe your spouse's contributions (monetary or other) to the marriage, family, and household:

- c.
- d.
- e.
- f.

17. Please describe any "foregone opportunities" that you have missed because of your marriage (ex.: further educational, career advancements, etc.):

- g.
- h.
- i.
- j.

18. Please describe any "foregone opportunities" that your spouse has missed because of your marriage (ex.: further educational, career advancements, etc.):

- k.
- l.
- m.
- n.

Part 6: Property & Assets

1. Address of Primary Residence: _____

2. If rent, in whose name is the lease? _____
 - a. Monthly rent? \$ _____ How long is remaining on your lease? _____

3. If own, in whose name is the property is titled?: _____
 - a. In whose name is the mortgage? _____
 - b. Monthly mortgage? \$ _____ How much remains owed? _____
 - c. Approximate value: \$ _____ How did you determine the value: ? _____
 - d. Date Purchased: _____ Amount of Down Payment: \$ _____
 - e. What was the source of funds for the down payment? _____

4. If you or your spouse own any other property, please *attach an additional page* stating the address and other information as requested above for the primary residence, as well as, any dates you and/or your spouse have resided at the property during the marriage.

5. For all checking and savings accounts owned by you and/or your spouse please state the name of the bank, in whose name the account is held, and current balance. _____

6. Please list all stocks or bonds owned by you and/ or your spouse with current value(s): _____

7. Please list all life insurance policies for you and/ or your spouse with beneficiary: _____

8. Please list all vehicles owned by you and/or your spouse (cars, trucks, motorcycles, boats, etc):

Year/Make/Model	To Whom Titled	Amount Owed

9. Please describe any businesses owned by you and /or your spouse: _____

10. Please list any property you or your spouse have inherited or substantial gifts you have received from third parties during your marriage with approximate value(s), and date received.

11. Please list all personal property, such as furniture, electronics, jewelry, tools, guns, collectables, art, etc. owned by you and/or your spouse. *Attach additional pages as necessary.*

Describe Property	Current Estimated Value	When Acquired	How Acquired	Currently in whose possession?

12. List and describe any items of exceptional sentimental value to you and/ or your spouse?

13. Please describe any pets owned, with whom currently living, and any related disputes?

Part 7: Debts

14. Please list all loans and credit card debt owed by you and/or your spouse. *Attach additional pages as necessary.*

Lending Company	Current Amount Owed	When Debt Acquired	For What Purpose Was Debt Acquired	In Whose Name is the Card Held?

15. Please describe any outstanding medical bills for you and/ or your spouse: _____

16. Please describe any student loans for you and/ or your spouse: _____

17. Please list any other debts owed by you and /or your spouse:

Part 8: Goals and Legal Relief Sought

56. Please number in order the importance of the following issues to you:

- _ Divorce
- _ Custody
- _ Child Support
- _ Visitation
- _ Alimony
- _ Division of Marital Debt
- _ Primary Residence
- _ Other Property: _____
- _ Personal Property: _____
- _ Vehicle(s): _____

_ Other than stated above, what is most important to you in this case?

_ Is there anything else you would like to accomplish through this case?

_ List any future restrictions on your and/ or your spouse's behavior you believe would be in your children's best interest:

_ Please briefly describe how you would like our office to best help you accomplish your goals in this legal matter.

I represent that all of the information provided is true, accurate and correct.

Sign: _____

Print Name: _____

Date: _____