

*The Law Office of Yolanda M. Trotman*  
CLIENT INFORMATION SHEET-FAMILY LAW CASES ONLY

DATE \_\_\_\_\_ REFERRAL SOURCE \_\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

CASE TYPE \_\_\_\_\_

DOES SPOUSE HAVE COUNSEL? If so, Whom? \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (home) (  ) \_\_\_\_\_ ok to leave message? (  )yes (  )no

(cell) (  ) \_\_\_\_\_ ok to leave message? (  )yes (  )no

EMAIL ADDRESS \_\_\_\_\_

HOMETOWN: CITY/STATE \_\_\_\_\_

LENGTH OF TIME IN MECK COUNTY \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

SPOUSE'S DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

SPOUSE'S SSN (If applicable) \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CHILD(REN): NAME(S) AND DATE(S) OF BIRTH \_\_\_\_\_

CHILDREN(S) AGES \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_

CITY/STATE OF MARRIAGE \_\_\_\_\_

DATE OF SEPARATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

LENGTH OF TIME AT CURRENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (  ) \_\_\_\_\_ ok to leave message? (  )yes (  )no

SSN (if applicable): \_\_\_\_\_

EDUCATION \_\_\_\_\_

MILITARY/DISCHARGE \_\_\_\_\_

(optional) RACE \_\_\_\_\_ SEX \_\_\_\_\_

**STATEMENT OF THE CASE OR ISSUES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**POSSIBLE WITNESSES:**

---

---