

Karen Kirchoff Saminski, Esq., L.L.C.
INITIAL CLIENT INFORMATION SHEET
Practice Devoted to Divorce and Family Law



OFFICE USE ONLY
 DATE: ____/____/____
 RETAINER AMOUNT: \$____
 CASE TYPE: _____
 HOLDBACK: _____

CLIENT

HAVE YOU BEEN HERE BEFORE: _____ If yes, When? _____

Do you have any pending court dates? _____

WHO MAY WE THANK FOR REFERRING YOU: _____

NAME: _____
 Please Print First Middle Last

ADDRESS: _____
 Number Street Apt. No.

 City State Zip Code

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

ADDRESS: _____
 Number Street Apt. No.

 City State Zip Code

Do you wish to resume your maiden name? YES / NO If YES, Maiden Name: _____

PLACE OF WORK: _____
 Company Name

 Street Address City State Zip

CONTACTING YOU:

(____) - ____ - ____ **YES** _____
 Home Phone
 (____) - ____ - ____ **YES** _____
 Cell Phone
 _____ **YES** _____
 Personal Email

PLEASE CHECK YES BELOW IF IT IS OK TO CALL

(____) - ____ - ____ **YES** _____
 Work Phone
 (____) - ____ - ____ **YES** _____
 Fax
 _____ **YES** _____
 Work Email

ADVERSE PARTY

OTHER PARTY'S NAME: _____
 First Middle Last

ADDRESS: _____
 Number Street Apt. No.

 City State Zip Code

PLACE OF WORK: _____
 Company Name

 Street Address City State Zip

CHILDREN

HOW LONG HAVE YOU LIVED IN NEW JERSEY: _____

1. _____	____/____/____	_____	_____
Name of Child	Birthdate	Age	School Attended
2. _____	____/____/____	_____	_____
Name of Child	Birthdate	Age	School Attended
3. _____	____/____/____	_____	_____
Name of Child	Birthdate	Age	School Attended

MARRIAGE

MARRIED: YES/ NO

If YES, Date of Marriage: ____/____/____

Date of Separation: ____/____/____

PRIOR ACTIVITY

LIST ANY PRIOR COURT ACTIVITY: _____

DOCKET NUMBERS (IF KNOWN): _____