

KAREN KIRCHOFF SAMINSKI ESQ., LLC

Divorce And Family Law Practice

Client Information Sheet

Have you been here before? _____ If yes, When? _____

How did you hear about us?: Internet _____ If so which site(s)? _____ Other _____

Referral Who may we thank for referring you? _____

Do you have any pending Court dates? _____ If yes, When? _____

NAME: _____
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

PLACE OF WORK: _____
Company Name Street Address Suite
City State Zip Code

How long have you lived in N.J.? _____ If you were married, please provide city and state? _____
Do you wish to resume your maiden name? _____ If YES Maiden Name: _____

CONTACTING YOU :

Cell _____

Home _____

Work/Office _____

Personal Email
Is E-Mail Secure? Yes No

MAY WE FOLLOW UP WITH YOU?

By Mail: Yes No

By Phone: Yes No

By E-Mail: Yes No

OTHER PARTY'S NAME: Ms. _____
First Middle Last

ADDRESS: _____
Number Street Apt. No. City State Zip Code

PLACE OF WORK: _____
Company Name Street Address Suite
City State Zip Code

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SS# _____

OTHER PARTY'S ATTORNEY(if known): _____

	Child's Name	Date of Birth	Age	School Attended	Notes
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Married or Civil Union: _____ Ceremony Location: _____ Religious or Civil: _____
Date of Ceremony: _____ Date of Separation: _____ Date of Divorce/Dissolution: _____

List All Prior Court Activity: _____

DOCKET NUMBERS (IF KNOWN): _____