



3418 Tweedy Blvd. South Gate CA
 Tel: 323-357-0850
 Cel: 323-793-1988
 www.taxeslegalservice.com

CLIENT INFORMATION FOR

Divorce ___ Response to Divorce ___ Child Custody ___ Child Support ___
 Modification of Child Support ___ Other ___

Today's date: _____

Respondent's name: _____

Date of Birth: _____ Age: _____

Home Address: _____

Phone: _____ Cell: _____

Name of Employer: _____

Work Address: _____

Work Phone: _____ Date of Hire: _____

Occupation: _____

Hours per week: _____ Hourly Wage: _____ Weekly Gross Pay: _____

Monthly Gross Pay: _____ Full Time: ___ Part Time: ___

Are you unemployed? _____ Date of Termination: _____

EDUCATION:

Completed High School: _____ if not, until what grade? _____

Years completed in College: _____ Do you have a certificate? _____

Degree: _____ Professional Title: _____

FILING STATUS:

Single: ___ Married filing separately: ___ Married filing jointly: ___ Head of Household: ___

Name of spouse you filed with: _____

No. Dependents: _____



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Name of Dependents:

1. _____
2. _____
3. _____
4. _____
5. _____

Date of marriage: _____ Date of separation: _____

Maiden Name: _____

Would you like to go back to your maiden name? _____

Do you have children on this marriage? _____

1.- Name of children: _____ Date of Birth: _____

Age: _____ Place of birth: _____

2.- Name of children: _____ Date of Birth: _____

Age: _____ Place of birth: _____

3.- Name of children: _____ Date of Birth: _____

Age: _____ Place of birth: _____

4.- Name of children: _____ Date of Birth: _____

Age: _____ Place of birth: _____

5.- Name of children: _____ Date of Birth: _____

Age: _____ Place of birth: _____

Address where children have live for the past 5 years and with whom:

1.- From: _____ To: _____

Place: _____

Mother or Father: _____



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2.- From: _____ To: _____

Place: _____

Mother or Father: _____

Do you want child support? _____

Legal custody awarded to: ___ mother ___ father

Physical custody awarded to: ___ mother ___ father

Visitation awarded to: ___ mother ___ father

Visitation schedule: Weekends only _____ Every other weekend: _____

Week days: _____

Weekend days: _____

From _____ am/pm to _____ am/pm

Pickup address: _____

Supervised visitation? _____ Travel outside California? _____

Percentage of time with Mother _____ Father _____

Health Care Provider: _____

Address: _____

Do you own or have properties together? _____

1. _____

2. _____

Separate property? _____

1. _____

2. _____



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Income and Expense:

Mortgage or rent payment: \$ _____

Food: \$ _____

Utilities

Electricity: \$ _____

Water: \$ _____

Gas: \$ _____

Phone: \$ _____

Cell Phone: \$ _____

Laundry: \$ _____

Gasoline: \$ _____

Child Care: \$ _____

Other: \$ _____

Name: _____ Signature: _____

Date: _____