

Law Offices of Stacy E. Goodbread, P.C.
POST DECREE DIVORCE INFORMATION

Date: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Email Address: _____

CLIENT:

1. Name: _____
2. Address: _____
3. How long have you lived at this address? _____
4. **What county do you currently live in?** _____
5. Employment: _____
6. Social Security No: _____ DL No. _____
7. Date of Birth: _____
8. Other address & telephone number where you can be reached: _____

EX-SPOUSE:

1. Name: _____
2. Address: _____
3. How long have they lived at this address? _____
4. County: _____
5. Employment: _____
6. Social Security No: _____ DL No. _____
7. Date of Birth: _____
8. Is he/she represented by an attorney? (___) YES or (___) NO

If yes, please list the name, telephone number, & address of the attorney.

LIVING CHILDREN OF THE MARRIAGE:

<u>NAME</u>	<u>GENDER</u>	<u>PLACE OF BIRTH</u> (City, County, State)	<u>DOB</u>	<u>RESIDING WITH</u> (Mother or Father)
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1. _____
2. _____
3. _____
4. _____

How are the children currently insured medical and dental:

EXPLAIN SITUATION: _____

Has there ever been a custody fight regarding the children? (___) YES (___) NO

Have you ever been to an attorney before regarding this situation? (___) YES (___) NO

If yes, please list name & telephone number of attorney. _____
