



**Personal Information  
Married Client**

(Husband) Full Name \_\_\_\_\_ (Wife) Full Name \_\_\_\_\_

Husband a/k/a \_\_\_\_\_ Wife a/k/a \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Husband) Birth Date \_\_\_\_\_

(Wife) Birth Date \_\_\_\_\_

Anniversary Date \_\_\_\_\_

Prior Marriages: Yes  No

U. S. Citizen? Yes  No

U. S. Citizen? Yes  No

Veteran? Yes  No

Veteran? Yes  No

Home Phone \_\_\_\_\_

(Husband) Cell \_\_\_\_\_

(Wife) Cell \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Residence? Own  Rent

Home Value \_\_\_\_\_

Mortgage Balance \_\_\_\_\_

Mortgage Rate/Term \_\_\_\_\_

Reverse Mortgage Yes  No

Husband's Health \_\_\_\_\_

Wife's Health \_\_\_\_\_

**YOUR LEGAL NEED**

Please describe the issue(s) you are concerned with and the outcome you hope to achieve.

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

**Family Information**  
**Married Client**

**Client's Children**

Do any of your children have health or special needs?      Yes       No

Does any child receive SSI or other government assistance? Yes       No

Do you have any concerns about any of your children?      Yes       No

1. \_\_\_\_\_  
Name (as child would sign it)      DOB

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number      # of children/# of stepchildren

\_\_\_\_\_  
Marital Status      Spouse's Name      Email address

This is the child of Husband  / Wife  / Both

2. \_\_\_\_\_  
Name (as child would sign it)      DOB

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number      # of children/# of stepchildren

\_\_\_\_\_  
Marital Status      Spouse's Name      Email address

This is the child of Husband  / Wife  / Both

3. \_\_\_\_\_  
Name (as child would sign it)                      DOB

\_\_\_\_\_

Address

\_\_\_\_\_

Phone Number    # of children/# of stepchildren

\_\_\_\_\_

Marital Status    Spouse's Name    Email address

This is the child of Husband  / Wife  / Both

4. \_\_\_\_\_  
Name (as child would sign it)                      DOB

\_\_\_\_\_

Address

\_\_\_\_\_

Phone Number    # of children/# of stepchildren

\_\_\_\_\_

Marital Status    Spouse's Name    Email address

This is the child of Husband  / Wife  / Both

5. \_\_\_\_\_  
Name (as child would sign it)                      DOB

\_\_\_\_\_

Address

\_\_\_\_\_

Phone Number    # of children/# of stepchildren

\_\_\_\_\_

Marital Status    Spouse's Name    Email address

This is the child of Husband  / Wife  / Both

6. \_\_\_\_\_  
Name (as child would sign it)                      DOB

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number    # of children/# of stepchildren

\_\_\_\_\_  
Marital Status                                      Spouse's Name                                      Email address

This is the child of Husband  / Wife  / Both



