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**RETAINER DATA INFORMATION**

DIVORCE - DISSOLUTION OF MARRIAGE     LEGAL SEPARATION     ANNULMENT - INVALIDITY  
PLEASE CHECK RELEVANT BOX ABOVE - THEN PLEASE PRINT LEGIBLY AND IN BLACK INK

**FOR ALL NAMES - PROVIDE LEGAL NAME - FIRST, MIDDLE, LAST + ANY SUFFIX - ie: Jr. or III**

New Case     Pending Court Case No. \_\_\_\_\_     Unknown Div. \_\_\_\_ County: \_\_\_\_\_

**CLIENT**

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
PO Box Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security \_\_\_\_\_  
DL No. \_\_\_\_\_  
DL State Issued \_\_\_\_\_  
DL Expiration Date \_\_\_\_\_  
Phone - Home \_\_\_\_\_  
Phone - Cell \_\_\_\_\_  
Phone - Message \_\_\_\_\_  
Phone - Work \_\_\_\_\_  
Phone - Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Street \_\_\_\_\_  
Employer PO Box \_\_\_\_\_  
Employer City, State \_\_\_\_\_  
Title - Job Description \_\_\_\_\_

**OPPOSING SPOUSE**

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
PO Box Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security \_\_\_\_\_  
DL No. \_\_\_\_\_  
DL State Issued \_\_\_\_\_  
DL Expiration Date \_\_\_\_\_  
Phone - Home \_\_\_\_\_  
Phone - Cell \_\_\_\_\_  
Phone - Message \_\_\_\_\_  
Phone - Work \_\_\_\_\_  
Phone - Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Street \_\_\_\_\_  
Employer PO Box \_\_\_\_\_  
Employer City, State \_\_\_\_\_  
Title - Job Description \_\_\_\_\_

**1<sup>ST</sup> CHILD**     n/a     Male     Female

Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security \_\_\_\_\_

**2<sup>ND</sup> CHILD**     n/a     Male     Female

Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security \_\_\_\_\_

**3<sup>RD</sup> CHILD**     n/a     Male     Female

Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security \_\_\_\_\_

**RESIDENTIAL PARENT TO DATE**

Father     Mother     Other

**RESIDENTIAL PARENT TO DATE**

Father     Mother     Other

**RESIDENTIAL PARENT TO DATE**

Father     Mother     Other

**OFFICE USE ONLY - NOT FOR PROSPECTIVE CLIENT SUBMISSION**

Charge Card:     MasterCard     VISA    Account No. \_\_\_\_\_  
\$ \_\_\_\_\_     American Express     Discover    Expiration Date: \_\_\_\_\_    PIN: \_\_\_\_\_

DATE: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
PROSPECTIVE CLIENT'S SIGNATURE

PROSPECTIVE CLIENT LAST NAME

Date of Marriage \_\_\_\_\_

Date of Separation \_\_\_\_\_

Opposing Counsel Law Firm: \_\_\_\_\_

Attorney Name \_\_\_\_\_

Atty Registration No. \_\_\_\_\_

Address \_\_\_\_\_

PO Box No. \_\_\_\_\_

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

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Court Case  Actively Pending  Not Yet Filed

Court Division \_\_\_\_\_

Courtroom No. \_\_\_\_\_

Floor \_\_\_\_\_

County  El Paso  Teller  \_\_\_\_\_

Client Status:  Petitioner  Respondent

Paternity (legal parentage) of any child is in dispute  Yes  No

Wife's New Name \_\_\_\_\_  
 n/a  Maiden  Former Married Maiden

Support Order Date \_\_\_\_\_

Amount Ordered \$ \_\_\_\_\_

First Due Date \_\_\_\_\_

Periodic Due Dates  1st  15th Last  \_\_\_\_\_  
Intervals Due

monthly  weekly  bi-weekly  semi-monthly

Support paid within last 12 months  Yes  No

Last support paid \$ \_\_\_\_\_ Date \_\_\_\_\_

No Months Delinquent \_\_\_\_\_ Approx Amt Past Due \$ \_\_\_\_\_

Number of Prior Income Assignments \_\_\_\_\_

**FACTUAL BASIS FOR ANNULMENT**  n/a - none

bigamy - usually marriage before decree of dissolution enters in prior marriage  blood relation  jest-dare

incapacity to consent - intoxication, mental or underage

duress - shotgun wedding  fraud to marriage essence

surprise inability to consummate marriage sexually

Note - I want the idiot to go away & never have existed simply won't support a declaration of invalidity - annulment

**Real Property Parcel 1**

Client Title  Spouse Title  Joint Title

Acquired During Marriage  Acquired Before Marriage

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

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

Legal Description \_\_\_\_\_

**Real Property Parcel 2**

Client Title  Spouse Title  Joint Title

Acquired During Marriage  Acquired Before Marriage

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

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

Legal Description \_\_\_\_\_

\* \* \* \* \*

**Motor Vehicle No 1**

Client Title  Spouse Title  Joint Title

Acquired During Marriage  Acquired Before Marriage

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

**Motor Vehicle No 2**

Client Title  Spouse Title  Joint Title

Acquired During Marriage  Acquired Before Marriage

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

**Motor Vehicle No 3**

Client Title  Spouse Title  Joint Title

Acquired During Marriage  Acquired Before Marriage

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

**Motor Vehicle No 4**

Client Title  Spouse Title  Joint Title

Acquired During Marriage  Acquired Before Marriage

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

**PROSPECTIVE CLIENT LAST NAME**

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**CO-MAKER No. 1**

Relation to Client     Father    Mother    Sibling  
 Grandparent    Friend    Other

Full Name \_\_\_\_\_

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

PO Box Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security \_\_\_\_\_

DL No. \_\_\_\_\_

DL State Issued \_\_\_\_\_

DL Expiration Date \_\_\_\_\_

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

Phone - Cell \_\_\_\_\_

Phone - Message \_\_\_\_\_

Phone - Work \_\_\_\_\_

Phone - Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Street \_\_\_\_\_

Employer PO Box \_\_\_\_\_

Employer City, State \_\_\_\_\_

Title - Job Description \_\_\_\_\_

**CO-MAKER No. 2**

Relation to Client     Father    Mother    Sibling  
 Grandparent    Friend    Other

Full Name \_\_\_\_\_

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

PO Box Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security \_\_\_\_\_

DL No. \_\_\_\_\_

DL State Issued \_\_\_\_\_

DL Expiration Date \_\_\_\_\_

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

Phone - Cell \_\_\_\_\_

Phone - Message \_\_\_\_\_

Phone - Work \_\_\_\_\_

Phone - Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Street \_\_\_\_\_

Employer PO Box \_\_\_\_\_

Employer City, State \_\_\_\_\_

Title - Job Description \_\_\_\_\_