

## NEW CLIENT SHEET

### Your Information

Full Legal Name: \_\_\_\_\_ Birth/Maiden Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_ County: \_\_\_\_\_  
(City, State) (Zip Code)

***Confidential Information Required by the State and protected by The Law Office of Dayne Marguglio***

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(City and State or Foreign Country)

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Race: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Your Current Automobile: \_\_\_\_\_  
(Make) (Model) (Color) (Year)

Place & Address of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Approximate Annual Income: \$ \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Work Contact: \_\_\_\_\_

Safe Email Address: \_\_\_\_\_ May we send monthly invoice(s) to your email address? ☐ Yes ☐ No

Preferred Contact Phone: ☐ Home ☐ Cell ☐ Work

Preferred Mailing Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

By providing this information, I authorize the Law Office to contact this individual at this number in the event of an emergency wherein the Law Office cannot contact me.

### OPPOSING PARTY / OTHER PARENT INFORMATION (Please circle one)

Full Legal Name: \_\_\_\_\_ Birth/Maiden Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_ County: \_\_\_\_\_  
(City, State) (Zip Code)

How long in this county?: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

***Confidential Information Required by the State and protected by The Law Office of Dayne Marguglio***

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(City and State or Foreign Country)

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Race: \_\_\_\_\_

Current Automobile: \_\_\_\_\_  
(Make) (Model) (Color) (Year)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Email Address: \_\_\_\_\_ Race: \_\_\_\_\_

Opposing Party's Place & Address of Employment: \_\_\_\_\_

Opposing Party's Occupation: \_\_\_\_\_ Approximate Annual Income: \$ \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Work Contact: \_\_\_\_\_

#### MARRIAGE INFORMATION

Marriage Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Marriage: \_\_\_\_\_ Separation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(City, State)

Restore Birth/Maiden Name? ☐ Yes ☐ No

#### CHILD/CHILDREN INFORMATION

##### ***Confidential Information Required by the State and protected by The Firm***

<u>Full Legal Name:</u>	<u>Sex:</u>	<u>DOB:</u>	<u>Place of Birth</u>	<u>Social Security #:</u>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____ (City, County and State)	- ____ - ____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____ (City, County and State)	- ____ - ____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____ (City, County and State)	- ____ - ____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____ (City, County and State)	- ____ - ____

##### ***Confidential Information Required by the State and protected by The Firm***

Health Insurance Co.: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_ Who Pays: \_\_\_\_\_

Provided Though: ☐ Father's Employer ☐ Mother's Employer ☐ Medicaid ☐ CHIP ☐ Private ☐ None

Dental Insurance Co.: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_ Who Pays: \_\_\_\_\_

Provided Though: ☐ Father's Employer ☐ Mother's Employer ☐ Medicaid ☐ CHIP ☐ Private ☐ None

#### REFERRAL INFORMATION

Referred To: \_\_\_\_\_ Referred By: \_\_\_\_\_

Referral Source: ☐ Individual ☐ Magazine ☐ Website ☐ Internet Search ☐ Magazine ☐ Former or Current Client  
☐ Attorney ☐ Facebook ☐ Therapist ☐ Other

Please specify or name referral source if "other": \_\_\_\_\_