

Law Office of Melissa D. Rowcliffe, P.C.

CLIENT DATA SHEET

GRANDPARENTS INFORMATION

Date: _____

Cell # _____

Work Phone: _____

Home Phone: _____

Email address: _____

CLIENT:

Name: _____ Age: _____

Address: _____

City/State/Zip: _____

How long have you lived at this address? _____

What County do you live in now? _____ **Race:** _____

Date of Birth: _____ Place of Birth: _____

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at work? _____

Social Security No.: _____ Driver's License No: _____

Other address and telephone number where you can be reached: _____

MOTHER OF CHILDREN:

Name: _____ Age: _____

Address: _____

City/State/Zip: _____

How long at this address? _____

What County does she live in? _____ Race: _____

Date of Birth: _____ Place of Birth: _____

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____

E-mail: _____

Income: _____

Length of employment: _____

Education/training: _____

If military, Rank: _____ Months in Service: _____ Active: _____ Retired: _____

Social Security No.: _____ Driver's License No: _____

Other address and telephone number where can be reached: _____

Last grade in school: _____

FATHER OF CHILDREN:

Name: _____ Age: _____
Address: _____
City/State/Zip: _____
How long at this address? _____
What County does he live in? _____ Race: _____
Date of Birth: _____ Place of Birth: _____
Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Phone: _____
E-mail: _____
Income: _____
Length of employment: _____
Education/training: _____
If military, Rank: _____ Months in Service: _____ Active: _____ Retired: _____
Social Security No.: _____ Driver's License No: _____
Other address and telephone number where can be reached: _____
Last grade in school: _____

CHILDREN OF THES PARENTS:

<u>Name</u>	<u>Social Security Number</u>	<u>Sex</u>	<u>Place of Birth City, Cty, State</u>	<u>Date of Birth</u>	<u>Residing with</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

How are the children covered by health Insurance right now? _____

WHERE AND WITH WHOM HAS EACH CHILD LIVED FOR THE PAST 5 YEARS?

<u>Where</u>	<u>From-To</u>	<u>With Whom</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Has there ever been a custody fight regarding the children? () Yes () No
Has there ever been a protective order issued/applied for the children? () Yes () No
Have you ever been to an attorney before? () Yes () No
Has your spouse ever been to The Law Office of Melissa D. Rowcliffe before? () Yes () No
How did you hear about The Law Office of Melissa D. Rowcliffe? _____
Have you been to another attorney regarding this case? Yes__ No__ If yes, attorney's name and address: _____