

Law Offices of Stacy E. Goodbread, 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 Offices of Stacy E. Goodbread before? ( ) Yes ( ) No  
How did you hear about The Law Offices of Stacy E. Goodbread? \_\_\_\_\_  
Have you been to another attorney regarding this case? Yes\_\_ No\_\_ If yes, attorney's name and address: \_\_\_\_\_