



Providing Peace of Mind by Solving Problems with Integrity & Compassion

Thank you for the trust you have placed in **JUPITER LAW CENTER** by contacting us to discuss/review your *Family Law* needs. Please complete the attached *Confidential Client Information Form* as accurately and thoroughly as possible. The information you provide will assist us in properly assessing your specific needs/wants so that we can have a productive first meeting. **We do not sell or disclose the information that you provide to us.**

Many people think that they don't need, or can't afford, an attorney for their *Divorce/Paternity* or other family and child related legal issues or that *Settlement Agreements* and *Parenting Plans* are all "standard" boiler-plate such that legal representation is not necessary. At our first meeting, we will explain to you in simple and easy-to-understand language, *not Legalese*, why these beliefs often aren't accurate. We'll also detail why being proactive by retaining us can often quickly resolve your issues without the ugly battle typical in family law cases as we work to minimize the financial and emotional impact of your matter.

What is unique about our firm is that clients usually expect their experience with a law firm to be stressful, antiseptic and unpleasant, but we often surprise them with the warmth and accessibility of our team and services - and even humor. At **JUPITER LAW CENTER**, we take great pride in building longstanding relationships with each of our clients. Ultimately, we hope to serve you and your family and become your lawyer for life.

Sincerely,

The Attorneys and Staff at
JUPITER LAW CENTER

*RiverPlace Professional Center
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(561) 744 - 4600
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CONFIDENTIAL CLIENT INFORMATION FORM (FAMILY LAW)

DATE _____ WHO MAY WE THANK FOR REFERRING YOU? _____

TYPE OF MATTER

☐ Divorce/Paternity ☐ Child Custody/Timesharing ☐ Child Support ☐ Alimony ☐ Modification ☐ Other _____

CLIENT'S INFORMATION

FULL LEGAL NAME _____ a/k/a _____
FIRST M.I. LAST

PRESENT RESIDENT ADDRESS _____
STREET ADDRESS CITY STATE ZIP

COUNTY _____ EMAIL ADDRESS _____

TELEPHONE # (check box as to where you prefer to be called)

☐ Business () ☐ Home () ☐ Cell ()

DATE YOU FIRST CAME TO FLORIDA TO RESIDE (month & year) _____

IF WITHIN SIX MONTHS, WHERE DID YOU PREVIOUSLY LIVE? _____

AGE _____ DATE/PLACE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ TAG # _____ STATE/DATE ISSUED _____
(Please attach copy of your Driver's License)

EMPLOYER (if applicable) _____

EMPLOYER'S ADDRESS _____
STREET ADDRESS CITY COUNTY STATE ZIP

JOB TITLE/DESCRIPTION _____ TELEPHONE # _____ HOURS P/WEEK _____

YEARLY SALARY _____ + PERKS (health insurance, car allowance, etc.) _____
(Please attach copy of your most recent Pay Stub)

IF YOU ARE NOT PRESENTLY EMPLOYED, PLEASE STATE THE REASON FOR YOUR UNEMPLOYMENT

SPOUSE'S INFORMATION

FULL LEGAL NAME _____ a/k/a _____
FIRST M.I. LAST

PRESENT RESIDENT ADDRESS _____
STREET ADDRESS CITY STATE ZIP

CONTACT INFO:

Home () Cell () Email _____

DATE HE/SHE FIRST RESIDED IN FL (month & year) _____

IF WITHIN SIX MONTHS, WHERE DID HE/SHE PREVIOUSLY LIVE? _____

AGE _____ DATE/PLACE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ TAG # _____ STATE/DATE ISSUED _____
(Please attach copy of his/her Driver's License)

EMPLOYER (if applicable) _____

EMPLOYER'S ADDRESS _____
STREET ADDRESS CITY COUNTY STATE ZIP

JOB TITLE/DESCRIPTION _____ TELEPHONE # _____ HOURS P/WEEK _____

YEARLY SALARY _____ + PERKS (health insurance, car allowance, etc.) _____
(Please attach copy of his/her most recent Pay Stub)

IF NOT PRESENTLY EMPLOYED, PLEASE STATE THE REASON FOR HIS/HER UNEMPLOYMENT

MARRIAGE INFORMATION

DATE OF MARRIAGE _____

PLACE OF MARRIAGE _____

DATE OF SEPARATION (if any) _____

SPOUSE'S CURRENT RESIDENCE _____

WAS THERE A PRE-NUPTIAL OR POST-NUPTIAL AGREEMENT? ☐ YES ☐ NO

If so, please attach a copy.

ARE THERE ANY OTHER PENDING LEGAL ACTIONS INVOLVING YOU AND YOUR SPOUSE? ☐ YES ☐ NO

If so, please attach a copy.

DO YOU DESIRE TO CHANGE YOUR NAME? ☐ YES ☐ NO

If so, state the full name by which you prefer to be known* _____

*Be sure to include/spell out full middle name**CLIENT'S EDUCATION**

HIGH SCHOOL Name/Location of School _____ Date of Graduation _____

COLLEGE Name/Location of School _____

Degree Awarded _____ Date of Graduation _____

POST-GRADUATE Name/Location of School _____

Degree Awarded _____ Date of Graduation _____

SPECIALIZED TRAINING Name/Location of School _____

Degree Awarded _____ Date of Graduation _____

List all Professional or Occupational Licenses, Certificates or Qualifying papers YOU hold

Did YOUR SPOUSE contribute in any way, monetarily or by supporting the family, to your education?

☐ YES ☐ NO

If so, describe in full _____

Do YOU need any vocational training to rehabilitate yourself? ☐ YES ☐ NO

If yes, describe what you need and the time and expense involved in the training.

SPOUSE'S EDUCATION

HIGH SCHOOL Name/Location of School _____ Date of Graduation _____

COLLEGE Name/Location of School _____

Degree Awarded _____ Date of Graduation _____

POST-GRADUATE Name/Location of School _____

Degree Awarded _____ Date of Graduation _____

SPECIALIZED TRAINING Name/Location of School _____

Degree Awarded _____ Date of Graduation _____

List all Professional or Occupational Licenses, Certificates or Qualifying papers HE/SHE holds

Did YOU contribute in any way, monetarily or by supporting the family, to your spouse's education?

☐ YES ☐ NO

If so, describe in full _____

Does YOUR SPOUSE need any vocational training for rehabilitation? ☐ YES ☐ NO

If yes, describe what is needed and the time and expense involved in the training.

Please fill in the information for each of your children - MINOR CHILDREN ONLY

CHILD 1

Full Legal Name _____ Social Security # _____

Age _____ *FIRST* *MIDDLE* *LAST*
D/O/B _____ Place of Birth _____

Present Residence Address _____
STREET ADDRESS CITY COUNTY STATE ZIP CODE

Name of the person(s) with whom the child resides _____

Child's Residence for the past 5 years

| Dates (From/To) | Address (including city and state) where child lived | Name of person(s) with whom child lived | Relation to child |
|--------------------|---|--|-------------------|
| _____ - present | | | |
| _____ - _____ | | | |
| _____ - _____ | | | |
| _____ - _____ | | | |

CHILD 2

Full Legal Name _____ Social Security # _____

Age _____ *FIRST* *MIDDLE* *LAST*
D/O/B _____ Place of Birth _____

Present Residence Address _____
STREET ADDRESS CITY COUNTY STATE ZIP CODE

Name of the person(s) with whom the child resides _____

Child's Residence for the past 5 years

| Dates (From/To) | Address (including city and state) where child lived | Name of person(s) with whom child lived | Relation to child |
|--------------------|---|--|-------------------|
| _____ - present | | | |
| _____ - _____ | | | |
| _____ - _____ | | | |
| _____ - _____ | | | |

CHILD 3

Full Legal Name _____ Social Security # _____

Age _____ *FIRST* *MIDDLE* *LAST*
D/O/B _____ Place of Birth _____Present Residence Address _____
STREET ADDRESS *CITY* *COUNTY* *STATE* *ZIP CODE*

Name of the person(s) with whom the child resides _____

Child's Residence for the past 5 years

| Dates (From/To) | Address (including city and state) where child lived | Name of person(s) with whom child lived | Relation to child |
|--------------------|---|--|-------------------|
| _____ - present | | | |
| _____ - _____ | | | |
| _____ - _____ | | | |
| _____ - _____ | | | |

Please describe any special needs your child(ren) may have:

☐ Medical ☐ Private Schooling ☐ Tutoring ☐ College Education ☐ Support beyond the age of 18 or 21? ☐ Other_____
_____Are the children currently enrolled in daycare or aftercare? ☐ YES ☐ NO

If yes, who attends daycare & what is the cost? _____

Who currently provides Health Insurance for children? _____ Dental? _____
Vision? _____What is the monthly cost of the Health Insurance for you? _____ Your child(ren)? _____ Spouse? _____
(you may need to contact your HR Department to obtain the breakdown of the above figures)If you have participated as a party, witness or in any other capacity in any litigation concerning the custody of the
children, describe that litigation in full:_____

City and State where the Litigation took place _____

Name of Court _____ Case File # _____

Date Litigation instituted _____

Date and description of any Orders entered _____

BANK ACCOUNTS: (including Checking, Savings, Money Market, CDs)

Name of Financial Institution _____

How titled _____

Date Account Opened _____

Current Balance _____

Name of Financial Institution _____

How titled _____

Date Account Opened _____

Current Balance _____

Name of Financial Institution _____

How titled _____

Date Account Opened _____

Current Balance _____

Name of Financial Institution _____

How titled _____

Date Account Opened _____

Current Balance _____

Name of Financial Institution _____

How titled _____

Date Account Opened _____

Current Balance _____

RETIREMENT/PENSION ACCOUNTS (including 401(k) Plans, IRAs)

Name of Plan Administrator _____

How titled _____

Date Account Opened _____

Current Balance _____

Name of Plan Administrator _____

How titled _____

Date Account Opened _____

Current Balance _____

Name of Plan Administrator _____

How titled _____

Date Account Opened _____

Current Balance _____

REAL PROPERTY (including any vacant land and/or out-of-town property)

Address/Description of Marital Residence _____

Date of Purchase _____

How titled _____

Financing Institution _____

Current Market Value _____

Homesteaded? _____ Since when? _____

1ST Mortgage Balance _____

Do you have a HELOC or 2ND Mortgage? If yes, what bank & balance? _____

Address/Description of Additional Real Estate _____

Date of Purchase _____

How titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

Address/Description of Additional Real Estate _____

Date of Purchase _____

How titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

PERSONAL PROPERTY (including furniture, electronic equipment, jewelry, artwork)

Description of Property _____

Date of Purchase _____

How titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

Description of Property _____

Date of Purchase _____

How titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

Description of Property _____

Date of Purchase _____

How titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

Describe in detail any contribution by way of money or services that YOU may have made to any assets that are owned in either your spouse's name or jointly with your spouse:

**REAL AND PERSONAL PROPERTY OWNED BY YOU BEFORE THE MARRIAGE
(or acquired during the marriage by Gift or Inheritance)**

Description of Property _____

Date of Purchase _____

How titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

Description of Property _____

Date of Purchase _____

How titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

Describe in detail any contribution by way of money or services that may have been made to any assets solely in your name:

**REAL & PERSONAL PROPERTY OWNED BY YOUR SPOUSE BEFORE THE MARRIAGE
(or acquired during the marriage by Gift or Inheritance)**

Description of Property _____

Date of Purchase _____

How titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

Description of Property _____

Date of Purchase _____

How titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

YOUR CREDIT CARDS (those titled in YOUR name only)

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

YOUR SPOUSE's CREDIT CARDS (those titled in your SPOUSE's name only)

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

JOINT CREDIT CARDS (those titled in YOUR AND YOUR SPOUSE's names)

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

Name of Creditor _____
Who is responsible for Payment _____ Account # _____
Monthly Payment _____ Current Loan Balance _____

Other Debts NOT specified above:

Although Florida is a No-Fault state, you or your spouse's romantic involvement with someone else may be relevant if certain marital assets are used to purchase gifts, clothes and/or meals or pay for someone else's expenses. Kindly advise if this is an issue in your case.

If you and your spouse have reached any tentative agreements, on any issue, please describe them below in detail:

Please state to the best of your ability what you want and expect as a result of any dissolution litigation:

☐ Timeshares ☐ Child Support ☐ Alimony ☐ Property (Real Estate and/or Personal Property) ☐ Other

Please state whether there are any other facts not referenced above which are relevant and important for us to know:

If you have been a resident of the State of Florida for at least six (6) months but your Driver's License does not reflect that, list the name, address and telephone number of a witness who can verify your residency.

Full Legal Name _____ Relationship _____

FIRST MIDDLE LAST

Telephone Number _____ How long have you known this person _____

Residence Address _____
STREET ADDRESS CITY COUNTY STATE ZIP CODE