

COOPER, TANIS & COHEN, P.C.

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DOMESTIC RELATIONS INFORMATION - GRANDPARENT PARENTAL RESPONSIBILITY / GUARDIANSHIP

Date: _____

CLIENT(S)

Legal Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Legal Name of spouse, if married: _____ Date of Birth: _____
(First) (Middle) (Last)

Mailing Address:

Social Security Number: _____

Social Security Number of spouse, if married: _____

What County do you live in? _____

May we mail you paperwork at your mailing address? _____ If 'not, please list address
where we can mail paperwork:

Home phone: _____ Business phone: _____

Home facsimile: _____ Business facsimile: _____

Home e-mail: _____ Business e-mail: _____

Pager number: _____ Cellular phone: _____

How early may we call you? _____ How late may we call you? _____

May we contact you at work? _____ May we contact you at home? _____

Physical Address: _____

Employer: _____

Address: _____

Salary: \$ _____ Job Description: _____

Driver's License #: _____ Are you a US Citizen? YES / NO

OPPOSING PARTIES

Co-Grandparent/Guardian's Information:

Legal Name: _____
(First) Middle Last

Date of Birth: _____

Current or last known address: _____

Home phone: _____ Business phone: _____

Employer: _____

Address: _____

Social Security Number: _____ Driver's License #: _____

Is this person a US Citizen? YES / NO

Does this person have an Attorney? YES / NO If so, whom? _____

Biological Mother's Information:

Legal Name: _____
(First) Middle Last

Date of Birth: _____

Current or last known address: _____

Home phone: _____ Business phone: _____

Employer: _____

Address: _____

Social Security Number: _____ Driver's License #: _____

Is this person a US Citizen? YES / NO

Does this person have an Attorney? YES / NO If so, whom? _____

Biological Father's Information:

Legal Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Current or last known address: _____

Home phone: _____ Business phone: _____

Employer: _____

Address: _____

Social Security Number: _____ Driver's License #: _____

