

COOPER, TANIS & COHEN, P.C.

Attorneys At Law

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DOMESTIC RELATIONS INFORMATION - POST DECREE

Date: _____

CLIENT

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

Name of current spouse (if married): _____

Mailing Address: _____

Social Security Number: _____

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: _____

CLIENT (continued)

How early may we call you? _____

How late may we call you? _____

May we contact you at work? _____

May we contact you at home? _____

Current Address: _____

Employer: _____

Address: _____

Salary: _____ Job Description: _____

Driver's License # _____ Are you a US Citizen? _____

INFORMATION ABOUT CURRENT MARRIAGE (if married)

Children of current marriage:

Legal Name (First, Middle & Last)

Birthdate

Social Security #

EX-SPOUSE (or OTHER PARTY in this matter)

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

Ex-spouse/Other Party's current address: _____

Home phone: _____ Business phone: _____

Employer: _____

Address: _____

Social Security Number: _____ Driver's License # _____

Is this person a US Citizen? _____

Does this person have an attorney? _____ If so, who? _____

INFORMATION ABOUT MARRIAGE WITH EX-SPOUSE (OR RELATIONSHIP WITH OTHER PARTY)

Date of Marriage: _____ Date of Separation: _____ Date of Decree: _____

County in which case was filed: _____

Case Number: _____

Children of the marriage:

<u>Legal Name (First, Middle & Last)</u>	<u>Birthdate</u>	<u>Social Security #</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

RELIEF REQUESTED – (What are you asking for?)

Describe your post-decree problems:

How did you hear about COOPER, TANIS & COHEN, P.C? _____
