CLIENT INFORMATION SHEET

DOBINSONDAVEY CLIFFORDSIMPSON LAWYERS

MY DETAILS		OTHER PARTY'S DETAILS
Surname:		Surname:
First Names:		First Names:
Home Address:		Home Address:
Can we send mail to this address? □ Yes □ No	0	Can we send mail to this address? \Box Yes \Box No
Postal Address: (if different to above)		Postal Address: (if different to above)
Can we send mail to this address? \Box Yes \Box No	0	Can we send mail to this address? \Box Yes \Box No
Email Address:		Email Address:
Can we send mail to this address? \Box Yes \Box No		Can we send mail to this address? \Box Yes \Box No
Work Phone: Home Phone:		Work Phone: Home Phone:
Mobile Number:		Mobile Number:
Facsimile Number:		Facsimile Number:
Date of birth://		Date of birth://
Place of birth:		Place of birth:
Occupation:		Occupation:
Employer:		Employer:
Income:		Income:
RELATIONSHIP DETAILS		OTHER LAWYERS
Date Commenced Living Together://		Firm Name:
Date of Separation: / /		Solicitor's Name:
Date of Marriage: / /		Address:
Date of Divorce://		Phone:
Have you attended mediation/family dispute resolution? □ Yes □ No □ Yes □ Yes □ No Are there any Family Violence issues? □ Yes □ No □ Yes □ Yes □ No □ Yes □ Yes □ Yes □ No □ Yes □ Yes		
CHILDREN		
Full name:	Date of	birth: Age: Lives with:
	/	/
	/	/ /
	/	
Do you have a Marriage Certificate?		
Do you have a Divorce Certificate?		Yes 🗆 No
Do you have Birth Certificates for the children?		Yes 🗆 No
How did you first hear about us? Yellow Pages City News Internet search Other Please specify:		
Were we recommended to you by someone else?		

Please specify so that we may thank them: