

BOYD, FERNAMBUCQ & DUNN, P.C.
POST-DIVORCE CASE INFORMATION FORM

Date: _____ Client's Full Legal Name: _____

Birth Date & Place: ___/___/___ Age: ___ State: ___ County: _____ Race: _____

Address: _____
City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

*****IF YOU PREFER YOUR CORRESPONDENCE TO BE MAILED TO AN ALTERNATE MAILING ADDRESS, PLEASE PROVIDE:**

PRESENT MARITAL STATUS: _____ Date served with Complaint: _____

Employment: _____ Position: _____

Employment Address: _____

Former Spouse's Full Name: _____

Birthdate & Place: ___/___/___ Age: ___ State: ___ County: _____ Race: _____

Address: _____
City State Zip Code

Home Phone: _____ Work Phone: _____

Present Marital Status: _____

Employment: _____ Position: _____

Employment Address: _____

Date of Divorce: _____ Court/Case No. _____

Nature of Present Problem: _____

PD-FORM

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Legal Name of Children Involved in This Case:

(1) _____ Sex ___ Birthdate _____ Age ____

(2) _____ Sex ___ Birthdate _____ Age ____

(3) _____ Sex ___ Birthdate _____ Age ____

(4) _____ Sex ___ Birthdate _____ Age ____

Who maintains custody of the minor children? _____

CLIENT FORMER SPOUSE

Monthly Gross Income (At time of Divorce) _____

Monthly Gross Income (Current) _____

Monthly Alimony Received _____

Monthly Child Support Received _____

State of Health (Current) _____

Day Care Costs: \$ _____

Monthly Health Insurance Premium (Children's Coverage): \$ _____.

Paid By: Self ___ Other Party ___

How did you hear about our firm? _____
