



Date: _____

CLIENT INFORMATION FORM – Modification/Enforcement

INSTRUCTIONS: Answer all questions as completely as possible. Do not worry if you do not have all information. We can obtain it later. All information is confidential.

NOTE: This firm charges \$400 per hour for a consultation, payable at the time of your initial interview. This document does not indicate any contractual relationship between yourself and the attorney. If our firm is subsequently hired, a contract for employment will be executed by you and the attorney, and additional fees will be required.

YOUR INFORMATION (Information about yourself)

Prefix ☐ Mr. ☐ Ms. Name: _____

Maiden Name (if applicable): _____ Soc. Sec. No: _____

Driver's License No: _____ State: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Lived at this address since: _____ ☐ Own ☐ Rent

List phone numbers where we may reach you.

Home: _____ Cell: _____

Work: _____ Other: _____

E-mail Address: _____

(By providing your email, you are agreeing to receive confidential communication and documents at this address .) You may be asked to join CLIO Connect, our client web portal, when we send you a document. You may also join CLIO Connect by visiting our website at www.boltonlaw.com and choosing "Our Services."

Mailing Address, if different from above:

In care of: _____

Address: _____

City: _____ State: _____ Zip: _____

Other names you have been known by: _____

Are you in the military? ☐ Yes ☐ No

☐ Active ☐ Reserve ☐ Retired

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

How long have you worked there? _____

Position: _____ Salary/Earnings: \$ _____ ☐ Annually ☐ Hourly

EMERGENCY CONTACT (*whom would we call in case of an emergency?*)

Name: _____ Relation to you: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

OTHER INFORMATION

How did you hear about our office?

☐ Referred by: _____

☐ Website

☐ Internet search (i.e. Google)

☐ Social Media (i.e., Facebook)

☐ Drive by

☐ Other

OTHER PARTY INFORMATION (*Information about your spouse, partner, other parent if applicable*)

Prefix ☐ Mr. ☐ Ms. Name: _____

Maiden Name (if applicable): _____ Soc. Sec. No: _____

Driver's License No: _____ State: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Lived at this address since: _____ ☐ Own ☐ Rent

List your spouse's phone numbers.

Home: _____ Cell: _____

Work: _____ Other: _____

E-mail Address: _____

Other names he/she have been known by: _____

Is your spouse in the military? ☐ Yes ☐ No ☐ Active ☐ Reserve ☐ Retired

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

How long has he/she worked there? _____

Position: _____ Salary/Earnings: \$ _____ ☐ Annually ☐ Hourly

Does he/she know you're contacting an attorney? ☐ Yes ☐ No

Does he/she have an attorney? ☐ Yes ☐ No

MARITAL INFORMATION *(Information about your current marriage, if applicable)*

Date of Marriage: _____ Place of Marriage: _____ (City, State)

Date of Separation: _____ Are you living apart? ☐ Yes ☐ No

No. of Children of the marriage: _____ Any children outside of marriage? ☐ Yes ☐ No

CHILDREN INFORMATION *(Information about the children of this suit)*

Name: _____ ☐ Male ☐ Female

Soc. Sec. No: _____ Driver's License: _____
(if applicable)

Date of Birth: _____ Place of Birth: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Child resides with: _____ Since: _____

Name: _____ ☐ Male ☐ Female

Soc. Sec. No: _____ Driver's License: _____
(if applicable)

Date of Birth: _____ Place of Birth: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Child resides with: _____ Since: _____

Name: _____ ☐ Male ☐ Female

Soc. Sec. No: _____ Driver's License: _____
(if applicable)

Date of Birth: _____ Place of Birth: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Child resides with: _____ Since: _____

Name: _____

☐ Male ☐ Female

Soc. Sec. No: _____ Driver's License: _____

(if applicable)

Date of Birth: _____ Place of Birth: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Child resides with: _____ Since: _____

COURT INFORMATION (*court information regarding the children of this suit*)

Are previous court orders in place (including through Attorney General)? ☐ Yes ☐ No

If yes, please complete the following:

District Court No. _____ County: _____ State _____

Date of Order: _____ Can you provide a copy? ☐ Yes ☐ No

Attorney General Case No: _____

When you are finished, save the document to your computer.

Then print a copy to bring with you to your consultation, or email the completed document to ruby@boltonlaw.com, with ATTN: Consultation on the subject line