

MICHAEL N. VAPORIS
KATRINA M. KAYDEN
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Attorneys at Law

Date: _____

Your Name: _____

Address: _____
Street City State Zip

Mailing address (if different): _____

Telephone: Home: _____ Cell: _____

Work: _____ Email: _____

Date of birth: _____ Soc. Sec.#: _____

County of residence: _____

Employer's name & address: _____

Spouse's Name: _____

Address: _____
Street City State Zip

Telephone: Home: _____ Cell: _____

Work: _____ Email: _____

Date of birth: _____ Soc. Sec.#: _____

County of residence: _____

Employer's name & address: _____

What led you seek the services of this firm? (Please check as many as applicable):

Internet: vaporislaw.com Internet Search Lawyers.com Other _____

Yellow Page Ads: Verizon EZ to use Yellow Book Other: _____

Referrals: State Bar Attorney Court Administrator Individual Referred by: _____

Have you used the office's services in the past? Yes No

1. Date, City & State of marriage _____
2. Are you separated? **Yes** **No** If yes, Date of separation: _____
3. List any prior marriages for you and your spouse

Ex-Spouse's Name Date divorce decree issued County & state where decree issued

IF YOU ARE CONSIDERING FILING FOR CUSTODY IN ADDITION TO DIVORCE, PLEASE FILL OUT THE REST OF THIS FORM:

4. Names of Your Children:

Child's Name

Date of birth

5. With whom are your children now residing? _____

6. For the last five (5) years, please list the residences where the children have lived:

<u>Child</u>	<u>Names of who Child lived with</u>	<u>Address</u>	<u>Dates</u>
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7. Is there a support order? **Yes** **No**

If yes: County & State of last support order: _____

Date of last support order: _____

Amount of current support: \$ _____

8. Is there a current custody order in place? **Yes** **No**

If yes: County & State of most recent Order _____

Date of most recent Order _____