



# COMMANDER LAW

ATTORNEYS & MEDIATORS

Serving Tidewater, Hampton Roads, and Coastal Virginia Since 1981

DATE: \_\_\_\_\_ QUOTED RETAINER FEE: \$ \_\_\_\_\_

## *New Client Information*

\_\_\_\_\_  
Last First Middle Maiden

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code Email

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

\_\_\_\_\_  
SSN Date of Birth Place of Birth

\_\_\_\_\_  
Race Education (Highest Level Completed)

\_\_\_\_\_  
Driver's License Number State Issued

\_\_\_\_\_  
Employer's Name Employer's Address

\_\_\_\_\_  
Position Monthly Pay (Before taxes or any deductions) Monthly Pay (After deductions)

## *Spouse or Ex-Spouse Information*

\_\_\_\_\_  
Last First Middle Maiden

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code Email

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

\_\_\_\_\_  
SSN Date of Birth Place of Birth

\_\_\_\_\_  
Race Education (Highest Level Completed)

\_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
State Issued

\_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Position \_\_\_\_\_  
Monthly Pay (Before taxes or any deductions) \_\_\_\_\_  
Monthly Pay (After deductions)

*Next Of Kin Information*

\_\_\_\_\_  
Next of Kin's Name

\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell

*Marriage Details*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Marriage Date \_\_\_\_\_  
Place of Marriage

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Separation Date \_\_\_\_\_  
Place Last Cohabitated

\_\_\_\_\_  
Client's Number of Marriages \_\_\_\_\_  
Spouse's Number of Marriages

*Children Born of Marriage*

\_\_\_\_\_  
Child's Name \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth \_\_\_\_\_  
Age \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
SSN

\_\_\_\_\_  
Child Resides With

\_\_\_\_\_  
Child's Name \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth \_\_\_\_\_  
Age \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
SSN

\_\_\_\_\_  
Child Resides With

Do you or your spouse/opposing party hold a certificate, license or registration issued by Commonwealth of Virginia to engage in a profession, trade, business or occupation?  Yes  No If so, what? \_\_\_\_\_

Has this law firm represented you or another family member? If yes, whom? \_\_\_\_\_

Referred by: \_\_\_\_\_