



COMMANDER LAW

ATTORNEYS & MEDIATORS

Serving Tidewater, Hampton Roads, and Coastal Virginia Since 1981

DOMESTIC RELATIONS

DATE: _____

New Client Information

Last First Middle Maiden

Street 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

Street 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: _____

Do you want your former name restored? If so, please list all former names.
