PUGET SOUND FAMILY LAW, PLLC

1734 NW Market Street Seattle WA 98107 206-551-6800 pugetsoundfamilylaw.com

CLIENT INTAKE FORM

DATE:	
CLIENT INFORMATION	
Name (Last, First, Middle) Maiden Name (if applicable): Birthplace (State): Soc. Sec. No.:	
Residential Address (Street, City, State, Zip)	
Mailing Address:	
Telephone No.:	
Home:	
Work:	
Cell:	
Email	
Place of Marriage:	
County:	
State:	
Date of Separation	
Employer:	

Address:	
Case Been filed County & Cause Number:	
OTHER PERSON Name (Last, First, Middle) Maiden Name (if applicable): Birthplace (State): Soc. Sec. No.:	
Residential Address (Street, City, State, Zip)	
Mailing Address:	
Telephone No.:	
Home:	
Cell:	
Email	
Employer:	
Address:	
Has the other Party Obtained an Attorney?	
Name	
CHILDREN of this relationship (No. and ages)	
Your children only (No., ages, where residing)	
Your spouse's children only (No., ages, where res	iding)
Name of Closest Relative:	Relationship:

Address and Phone:_			
_			_

CHILDREN:	
The following information <u>is required</u> if proceeding.	there are children involved in the
Child's Name (Last, First, Middle)	1
Child's Ethnic Background/Sex/Birthdate/Age	
Child's Present Address or Whereabouts	
Child's Name (Last, First, Middle)	2
Child's Ethnic Background/Sex/Birthdate/Age	
Child's Present Address or Whereabouts	
Child's Name (Last, First, Middle)	3
Child's Ethnic Background /Sex/Birthdate/Age	
Child's Present Address or Whereabouts	
Child's Name (Last, First, Middle)	4

Child's Ethnic Background/Sex/Birthdate/Age	
Child's Present Address or Whereabouts	
The beautiful and the control of a want	
disclosure of address information becau	y or child would be jeopardized by use: