

Associate Attorneys of Michigan
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File No. _____
Date Opened: _____

**NEW CLIENT INFORMATION
DOMESTIC RELATIONS**

WIFE:

First Name Middle Last

Maiden Name Do you want to restore maiden name? _____

Street Address

City/County State Zip Code

Inside city limits? Yes _____ No _____

Telephone No.

SS No.

Driver's License No.

Date of Birth

Employer's name and address Telephone No.

Title or position Income

Associate Attorneys of Michigan, PLC

If previously married, last marriage ended by:

_____ Death _____ Divorce _____ Dissolution _____ Annulment

Date last marriage terminated: _____
Month Day Year

Education: Specify highest grade completed (Circle One):

Elementary/Secondary: 0 1 2 3 4 5 6 7 8 9 10 11 12
College : 1 2 3 4 5+

Has Husband resided in Michiga more than 6 months? _____.

MARRIAGE INFORMATION:

Date of this marriage: _____
Month Day Year

Place of this marriage: _____
City County State

Date of separation: _____
Month Day Year

Grounds for Divorce/Separation: _____
(Incompatibility, Unfaithfulness of Spouse, Physical Abuse,
Mental Abuse, Insanity, Desertion, Imprisonment, Etc.)

Is this a contested or uncontested divorce? _____

Children born of this marriage:

NAME	AGE/DATE OF BIRTH	WHERE IS CHILD RESIDING?

Children born of a previous marriage:

NAME	AGE/DATE OF BIRTH	HUSBAND'S/WIFE'S RESIDING WITH
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Is custody in dispute? Yes _____ No _____

Are you asking for:	Child Custody?	Yes _____	No _____
	Child Support	Yes _____	No _____
	Alimony?	Yes _____	No _____

Who is to be allowed to claim the exemption for the children, for income tax purposes? _____

Who is to maintain health coverage on which child and with what insurance company? _____

Have you seen another attorney? Yes _____ No _____

Who is likely to be your spouse's attorney? _____

How were you referred to this firm? _____

PERSONAL AND REAL PROPERTY:

AUTOMOBILES: (Make, Model and Year)

Husband's: _____

Wife's : _____

RECREATIONAL VEHICLES: _____

REAL PROPERTY OWNED:

Husband's: _____

Wife's : _____

Both : _____

Checking Accounts: _____

Savings Accounts: _____

Debts: _____

Signature

Date