



THE LAW COLLABORATIVE

LOS ANGELES

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CONFIDENTIAL INFORMATION FORM

NOTE: PLEASE TAKE THE TIME TO COMPLETE THE FOLLOWING FORM. BE AS DESCRIPTIVE AND SPECIFIC AS POSSIBLE, IGNORING QUESTIONS THAT DO NOT APPLY TO YOU. THIS FORM, IF FILLED OUT THOROUGHLY, CAN SAVE TIME, AND THEREFORE, MONEY. PLEASE BRING THIS FORM TO YOUR FIRST OFFICE VISIT. THANK YOU.

YOUR NAME: _____ HOME PHONE # (____) _____
LAST, FIRST

WORK PHONE # (____) _____ CELL # (____) _____

PRESENT ADDRESS: _____ HOW LONG? _____
STREET YRS/MOS

CITY, STATE, ZIP

MAILING ADDRESS: _____
STREET CITY, STATE, ZIP

DRIVER'S LICENSE NO.: _____ S.S. NO.: _____ - _____ - _____

DATE OF BIRTH _____ E-MAIL ADDRESS: _____

SPOUSE'S NAME: _____ HOME PHONE # (____) _____
LAST, FIRST

WORK PHONE # (____) _____ CELL # (____) _____

PRESENT ADDRESS: _____ HOW LONG? _____
STREET YRS/MOS

CITY, STATE, ZIP

MAILING ADDRESS: _____
STREET CITY, STATE, ZIP

DRIVER'S LICENSE NO.: _____ S.S. NO.: _____ - _____ - _____

DATE OF BIRTH _____ E-MAIL ADDRESS: _____

YOUR OCCUPATION: _____ CURRENTLY EMPLOYED? Y/N _____

EMPLOYER _____ TELEPHONE _____
COMPANY NAME AND ADDRESS _____

JOB TITLE _____ HOW LONG _____ SALARY _____

MAJOR DUTIES _____ EXPECTED INCREASE? _____

DESCRIBE ANY INCENTIVE PLAN _____

VALUE OF PENSION AND PROFIT SHARING _____

ESTIMATE AND DESCRIBE BENEFITS _____

HOW LONG DO YOU EXPECT TO WORK THERE? _____

EDUCATION: HIGH SCHOOL DIPLOMA? _____ COLLEGE? _____
Y/N PLACE/YEARS

DEGREE(S) EARNED _____ CERTIFICATES _____

OTHER VOCATIONAL SKILLS _____

SPOUSE'S (OR PARTNER'S) OCCUPATION: _____ CURRENTLY EMPLOYED? _____

SPOUSE'S EMPLOYER _____ TELEPHONE _____
COMPANY NAME AND ADDRESS _____

JOB TITLE _____ HOW LONG _____ SALARY _____

MAJOR DUTIES _____ EXPECTED INCREASE? _____

DESCRIBE ANY INCENTIVE PLAN _____

VALUE OF PENSION AND PROFIT SHARING _____

ESTIMATE AND DESCRIBE BENEFITS _____

HOW LONG DO YOU EXPECT TO WORK THERE? _____

EDUCATION: HIGH SCHOOL DIPLOMA? _____ COLLEGE? _____
Y/N PLACE/YEARS

DEGREE(S) EARNED _____ CERTIFICATES _____

OTHER VOCATIONAL SKILLS _____

WERE YOU SERVED WITH "PAPERS"? Y N IF YES, WHEN? _____

WHAT WAS IT AND WHAT IS THE CASE #? _____

IS YOUR SPOUSE REPRESENTED BY AN ATTORNEY? ___ YES ___ NO

NAME OF ATTORNEY: _____

DATE OF MARRIAGE: _____ PLACE: _____
MO./DAY/YR. CITY, STATE

DATE OF SEPARATION: _____ PREVIOUS MARRIAGE? ___ YES ___ NO
MO./DAY/YR. check one

DATE OF PREVIOUS MARRIAGE(S): _____ TO _____, _____ TO _____
MO/YR MO/YR MO/YR MO/YR

IF YOU HAVE NOT BEEN SERVED, PLEASE STATE THE SITUATION(S) WHICH PROMPTED YOU TO SEEK LEGAL ASSISTANCE:

DO YOU OR YOUR SPOUSE HAVE ANY FROZEN EMBRYOS OR OTHER GENETIC MATERIAL IN CRYOGENIC PRESERVATION? ___ YES ___ NO
(check one)

ARE THERE ANY CHILDREN FROM THIS RELATIONSHIP? ___ YES ___ NO
(check one)

IF SO, PLEASE COMPLETE THE FOLLOWING:

NAME	D.O.B.	CITY OF BIRTH	GENDER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF YOU ARE ALREADY SEPARATED, WHAT IS YOUR CURRENT ARRANGEMENT FOR CUSTODY AND VISITATION WITH THE CHILDREN? _____

DESCRIBE ANY SPECIAL REQUESTS RE: CUSTODY AND VISITATION WITH YOUR CHILDREN

DESCRIBE HOW YOUR CHILDREN FEEL ABOUT CUSTODY AND VISITATION.

DESCRIBE ANY PHYSICAL, MENTAL DISORDER OR CONDITION WHICH AFFECTS THIS CASE.

DESCRIBE RECENT COHABITATION ARRANGEMENTS (e.g., LIVING WITH A NEW PARTNER) INVOLVING EITHER YOU OR YOUR SPOUSE WHICH MAY AFFECT SUPPORT ORDERED

DID YOU SIGN A PREMARITAL OR POSTNUPTIAL AGREEMENT? ____ YES ____ NO

DO YOU and/or YOUR SPOUSE OWN ANY REAL PROPERTY? ____ YES ____ NO

DO YOU and/or YOUR SPOUSE HAVE PENSIONS OR RETIREMENT ACCOUNTS? ____ YES ____ NO

DO YOU and/or YOUR SPOUSE POSSESS ANY FIREARM(S)? ____ YES ____ NO

DO YOU OR YOUR SPOUSE HAVE AN ESTATE PLAN (WILLS, TRUSTS, ETC.)? ____ YES ____ NO

DESCRIBE ANY PROBLEMS WITH RELATIVES REGARDING THIS SITUATION.

DESCRIBE ANY OTHER CIRCUMSTANCES OR PROBLEMS THAT AFFECT THIS CASE.

WHAT ARE YOUR TWO GREATEST CONCERNS, RIGHT NOW?

1. _____

2. _____

HAVE YOU CONSIDERED COUNSELING? ____ YES ____ NO

HAS A LAWYER BEEN PREVIOUSLY CONTACTED FOR THIS LEGAL SITUATION? ____ YES ____ NO

DO YOU THINK A CUSTODY INVESTIGATION SHOULD BE DONE? ____ YES ____ NO

DO YOU FEEL YOU NEED THE PROTECTION OF A "RESTRAINING ORDER?" ____ YES ____ NO

HAVE YOU AND YOUR SPOUSE/PARTNER DISCUSSED THESE OPTIONS?:(check all that apply)

• MEDIATION • COLLABORATIVE LAW • ARBITRATION • MARITAL COUNSELING

• WE HAVE NOT DISCUSSED THE SITUATION. OTHER _____

EXACTLY, HOW WOULD YOU WANT THIS SITUATION TO BE RESOLVED? (BE SPECIFIC)

WHAT KIND OF DIVORCE/PROCESS DO YOU WANT? _____

DOES YOUR BEHAVIOR SUPPORT A COMMITMENT TO THAT KIND OF DIVORCE? _____

PLEASE ADVISE US OF THE FOLLOWING INFORMATION IN CASE OF SERVING PAPERS: _____

HOURS PAPERS SHOULD BE SERVED: _____

PHYSICAL DESCRIPTION: AGE: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ GLASSES? _____ MOUSTACHE/BEARD? _____

COMPLEXION: _____ OTHER DISTINGUISHING FEATURES: _____

WHAT TYPE OF CAR DOES HE/SHE DRIVE? _____
MAKE, MODEL, YEAR AND COLOR

PLEASE PROVIDE YOUR SPOUSE/PARTNER'S SOCIAL MEDIA PROFILES:

LinkedIn.com/ _____ Facebook.com/ _____

Twitter.com/ _____ Instagram.com/ _____

Other: _____

PLEASE PROVIDE THE NAME OF SOMEONE WHO WILL KNOW HOW TO REACH YOU AT ANY TIME.

_____ () _____
LAST NAME, FIRST RELATIONSHIP TELEPHONE

HOW DID YOU FIND OUT ABOUT OUR LAW OFFICE?

REFERRED BY: _____ () _____
FRIEND OR ATTORNEY'S NAME TELEPHONE

SEARCH ENGINE (CIRCLE ONE) GOOGLE YAHOO BING OTHER _____

Thank you for taking the time to complete this form. Please allow our office to copy your driver license.

