


KRUSCH & SELLERS, P.A.
ATTORNEYS AT FAMILY LAW

Today's Date: _____

Name: _____ DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (home) _____ (work) _____ (cell)

Email Address We Can Use: _____ (Secured?)

Best number/place to contact during the day: _____

Name & Address of Employer: _____

Name of Opposing Party: _____ DOB _____ SSN: _____

Address (if different): _____

City: _____ State: _____ Zip Code: _____

Name & Address of Spouse/Ex-Spouse's Employer: _____

Name of Any Possible Related Party: _____

Date of Marriage: _____ Place of Marriage: _____

Date You Separated (if separated): _____

Date of Divorce (if applicable): _____

Children:

1. Full Name: _____ DOB: _____

Place of Birth: _____ School/Grade: _____

2. Full Name: _____ DOB: _____

Place of Birth: _____ School/Grade: _____

3. Full Name: _____ DOB: _____

Place of Birth: _____ School/Grade: _____

(Continue on back of paper if needed)

Referral: How did you learn about **Krusch and Sellers, P.A.**?

Friend (whom may we thank) _____ Attorney _____

Have You Seen Our Website? (www.kruschlaw.com) _____

For Office Use Only: Atty: _____ Client #: _____ Matter # _____ PD: _____