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NEW CLIENT INFORMATION FORM

Date: _____

PERSONAL INFORMATION

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work #: _____

Cell #: _____ Fax #: _____

Email Address: _____

Date of Birth: _____ Age: _____

Social Security #: _____ - _____ - _____

Driver's License State: _____ Driver's License #: _____

Have you resided in California for at least 6 months? YES NO

Have you resided in San Diego County for at least 3 months? YES NO

EMPLOYMENT INFORMATION

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Date Job Started: _____ If unemployed, date job ended: _____

Number of hours worked per week: _____

I get paid: \$ _____ (gross, before taxes) [] per month [] per week [] per hour

EDUCATION

Have you completed high school or equivalent? YES NO

If no, highest grade completed: _____

Number of Years of College Completed: _____ Degree(s) obtained: _____

Number of Years Graduate School Completed: _____ Degree(s) obtained: _____

Do you have a professional or occupational license? YES NO

If yes, describe: _____

Do you have vocational training? YES NO

If yes, describe: _____

TAX INFORMATION

What is the last year you filed taxes? _____

What is your tax filing status? [] SINGLE [] HEAD OF HOUSEHOLD

[] MARRIED, SEPARATELY [] MARRIED, JOINTLY

If you filed "Married, filing Jointly," specify name: _____

I file state tax returns in: [] California [] Other (specify state): _____

How many exemptions do you claim (including yourself) on your taxes? _____

INCOME INFORMATION

INCOME	Last Month	Average Monthly
Salary or Wages (gross, before taxes)		
Overtime (gross, before taxes)		
Commissions or bonuses		
Public Assistance		
Spousal Support (from this marriage)		
Spousal Support (from a different marriage)		
Partner Support (from this domestic partnership)		
Pension/retirement fund payments		
Social Security Retirement (not SSI)		
Disability: Social Security (not SSI)		
Disability: State Disability		
Disability: Private Insurance		
Unemployment Compensation		
Workers' Compensation		
Other (military BAQ, royalty payments, etc.)		

INVESTMENT INCOME	Last Month	Average Monthly
Dividends/Interest		
Rental Property Income		
Trust Income		
Other		

Are you self-employed? YES NO

If yes, what is the name and type of business? _____

Deductions

Do you take any of the following deductions? If yes, state amount per month?

- Required union dues? _____
- Required retirement payments (not Soc. Security, FICA, 401(k) or IRA)? _____
- Medical, hospital, dental and other health insurance premiums (total monthly amount)?

- Child Support that I pay for children from other relationships? _____
- Spousal Support that I pay by court order from a different marriage? _____
- Partner Support that I pay by court order from a different domestic partnership?

- Necessary job-related expenses not reimbursed by my employer? _____

Assets

Amount of Cash on person or in checking accounts, savings, credit union, money market and other deposit accounts: \$ _____

Stocks, bonds and other assets I could easily sell: \$ _____

All other property:

Value of Real Property: \$ _____ Value of Personal Property: \$ _____

LIVING ARRANGMENTS

The following people live with me:

Name	Age	How the person is related to me	That person's gross monthly income	Pays some of household expenses

MONTHLY EXPENSES

Home: Do you rent? YES NO

If rent, monthly rent payment: _____

Do you have a mortgage? YES NO

If mortgage, average principal? \$ _____

Average Interest? \$ _____

Real property taxes: \$ _____

Homeowner's or Renter's Insurance? _____ per month

Maintenance and Repair? _____ per month

Health Care costs not paid by insurance \$ _____ per month

Child Care \$ _____ per month

Groceries and household supplies \$ _____ per month

Eating out \$ _____ per month

Utilities (gas, electric, water, trash) \$ _____ per month

Telephone, cell phone, and email \$ _____ per month

Laundry and cleaning \$ _____ per month

Clothes \$ _____ per month

Education \$ _____ per month

Entertainment, gifts and vacation \$ _____ per month

Auto expenses and transportation (life, accident, etc.—do not include auto, home or health insurance): \$ _____ per month

Charitable Contributions: \$ _____ per month

OTHER PARENT'S INFORMATION

Other Parent's Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Telephone: _____ Business Telephone: _____

Other Parent's Date of Birth: _____ State of Birth: _____

Has he/she resided in California for at least 6 months? YES NO

Has he/she resided in San Diego County for at least 3 months? YES NO

Other Parent's Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____ County: _____

Other Parent's Job Description: _____

Current Gross Income: \$ _____ Per Month

Other Income: \$ _____ Source _____

\$ _____ Source _____

Other Parent's Attorney: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Telephone: _____ Fax Telephone: _____

CHILDREN'S INFORMATION

<u>Name</u>	<u>DOB</u>	<u>Age</u>	<u>Soc. Sec. #</u>	<u>Place of Birth (City, State)</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____

Provide each child's residential history for past five (5) years (if different, please attach a separate sheet for each child):

Period of Residence (mm/dd/yy) - (mm/dd/yy)	Address	Person Child Lived With (name(s))	Relationship

Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in CA or elsewhere, concerning a child subject to this proceeding? [] YES [] NO

Are one or more domestic violence restraining/protective orders are not in effect? [] YES [] NO

Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? [] YES [] NO

OTHER CHILDREN (NOT OF THIS MARRIAGE/RELATIONSHIP):

<u>Name</u>	<u>DOB</u>	<u>Age</u>	<u>Soc. Sec. #</u>	<u>Place of Birth (City, State)</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

Do you, your spouse or any of your children have any serious medical and/or mental health problems:
If so, please give full details:

PLEASE SUBMIT AS SOON AS POSSIBLE COMPLETE COPIES OF THE FOLLOWING DOCUMENTS:

- 1) Tax Returns (Federal/State/Local) for past three (3) years
- 2) Pay Stubs for last two months