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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**

<b>INCOME</b>	<b>Last Month</b>	<b>Average Monthly</b>
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.)		

<b>INVESTMENT INCOME</b>	<b>Last Month</b>	<b>Average Monthly</b>
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:

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**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