

CLIENT INFORMATION NON-DIVORCE FAMILY LAW

PETITIONER (CLIENT)			
FIRST NAME OF PETITIONER (CLIENT)	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF RESIDENCE	NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC.)	
ADDRESS			
EMAIL ADDRESS		PHONE NUMBERS	
RESPONDENT (SPOUSE)			
FIRST NAME OF RESPONDENT (SPOUSE)	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF RESIDENCE	NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC.)	
ADDRESS			
EMAIL ADDRESS		PHONE NUMBERS	

How did you hear about us? _____

How long have you resided in Georgia? _____

Is there any written agreement or order in the case? ☐ Yes ☐ No

Why did you come to see me today?

What is your goal?
