

# FERRY & FERRY

Attorneys at Law  
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## CLIENT INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

What is your current address?

\_\_\_\_\_

Is this where you would like to receive mail? YES/NO

If No, where would you like to receive mail?

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

City, State where you were married: \_\_\_\_\_

Are you currently living with your spouse? YES/NO

If no, approximate date of separation? \_\_\_\_\_

Have you lived in Florida for at least six (6) months? YES/NO

*How long have you lived in Florida?* \_\_\_\_\_

Please provide the following information about your spouse/the opposing party.

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Gross Salary: \$ \_\_\_\_\_

Years of Employment: \_\_\_\_\_

Other sources of income: \_\_\_\_\_

Average monthly income from all sources \$ \_\_\_\_\_

Have there been prior court proceeding between you and the opposing party? YES/NO  
(Please provide copies of any Court orders)

Does this case involve any children? YES/NO

If yes, provide the following information for each child:

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (city/state): \_\_\_\_\_

SSN: \_\_\_\_\_

Gender: \_\_\_\_\_

Has there ever been domestic violence? YES/NO

If so, when was the most recent incident? \_\_\_\_\_

Were the police called? YES/NO

Did either spouse receive medical attention? YES/NO

Names and phone numbers of any witnesses to incidents of domestic violence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want a maiden or prior name to be restored? YES/NO

If yes, please print full name: \_\_\_\_\_

Indicate your priorities on the following issues by assigning numbers, with one (1) being the highest priority:

\_\_\_ Visitation/Parenting Time

\_\_\_ Custody

\_\_\_ Child Support

\_\_\_ Property Distribution

\_\_\_ Alimony

\_\_\_ Attorney's fees

\_\_\_ Restraining abusive spouse

\_\_\_ Other (specify: \_\_\_\_\_)

How did you hear about our office? Check any/all that apply:

\_\_\_ Phonebook

\_\_\_ Website

\_\_\_ BLAB Television Show

\_\_\_ Referral from another attorney or firm

If yes, please indicate the name of the attorney/firm: \_\_\_\_\_

\_\_\_ Referral from a Client or Previous Client

If yes, please indicate the name of the Client: \_\_\_\_\_

Please note any concerns or issues you believe require emergency or immediate attention: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date