

1129 South Bridge Street
Belding, MI 48809
Telephone: (616) 794-2340

INITIAL INFORMATION SHEET

Today's Date: _____

Full Name: _____ Date of Birth: _____

Address: _____

Street City State Zip

County of your residence: _____ How long at your current residence: _____

Social Security # _____ Driver's License # _____

Telephone # _____ (Check one) Home Cell

E-Mail: _____

Employer Name: _____

Work Phone: _____ Length of Employment _____

Employer Address: _____

Street City State Zip

Total Income: \$ _____ (net/gross) (weekly, bi-weekly, monthly) Source: _____

Have you ever been convicted of a misdemeanor or felony? Misdemeanor Felony - When _____

Have you ever benefited or used the Holmes Youthful Training Act (HYTA), Deferral - 7411 or Domestic Violence Act: Yes No If so, which one and date _____

Do you owe any attorney fees to another attorney? Yes No

Do you have any pending cases against you? Yes No

List all mental disorders you have been tested/diagnosed/treated for, by who and when: _____

Do you receive/pay child support? Yes No How much _____ per month What county is your case through? _____ How many children do you pay support for _____

Name, address, and relationship of your nearest living relative: _____

Name Address Relationship Telephone #

TYPE AND/OR NATURE OF CASE:

- Custody/Parenting Time Real Estate Divorce Personal Injury
- Child Support Criminal Estate Planning Other: _____

OTHER PARTY'S INFORMATION: (When Applicable)*****

Full Name: _____ Date of Birth: _____

Address: _____

Street City State Zip

Social Security # _____ Driver's License # _____

Telephone # _____ (Check one) Home Cell

Employer Name: _____

Work Phone: _____ Length of Employment _____

Employer Address: _____

Street City State Zip

Have they ever been convicted of a misdemeanor or felony? Misdemeanor Felony When? _____

Take Notes: (Office use) _____
