



LAW OFFICE OF VIRGINIA SUDBURY

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CLIENT COVER SHEET

Date: _____

NAME: _____

TELEPHONE: _____ EMAIL: _____

JOB TASK(S): _____

STRATEGY: _____

YOUR INFO:

DOB: _____

POB: _____

RACE: _____

SS#: _____

ADDRESS: _____

OPPOSING PARTY INFO:

DOB: _____

POB: _____

RACE: _____

SS#: _____

ADDRESS: _____

Monthly Gross Income: _____

Where employed: _____

ADDRESS: _____

Monthly Gross Income: _____

Where employed: _____

ADDRESS: _____

DATES

MISCELLANEOUS

Marriage (where and when): _____

Separation (where and when): _____

Divorce (if there are others, how many?): _____

CHILDREN

Name(s)

Date(s) of birth

Social Security number(s)

Current Order/Decree? Yes No Civil No.: _____

Retainer? Amount \$ _____ Date paid: _____

Payment agreement? Details:

OPPOSING COUNSEL CONTACT INFO:

OPPOSING PARTY/CONTACT INFO:

COMMISSIONER: _____

COMMISSIONER'S CLERK/#: _____

JUDGE: _____

JUDGE'S CLERK/ #: _____