

APPEALS CLIENT INFORMATION SHEET

Date _____

I. INFORMATION ABOUT YOURSELF

Full Name _____
First Middle (Maiden) Last

Social Security Number _____

Date of Birth _____

Current Address _____
Street Address

_____ City State ZIP

_____ Legal Jurisdiction (City or County)

Telephones _____
Home Work Cell Phone

_____ Fax (Do you want to be called first?) E-Mail

Employer _____

Employer's Address _____

Job Title _____

Length of Employment _____

Who was your trial attorney? _____

II. INFORMATION ABOUT THE OTHER PARTY

Full Name _____
First Middle (Maiden) Last

Relationship to you _____

Current Address _____
Street Address

_____ City State ZIP

_____ Legal Jurisdiction (City or County)

Employer _____

Job title _____

Their Attorney _____

III. INFORMATION ABOUT THE ORDER YOU SEEK TO APPEAL:

Date signed: _____

By what court: _____

Judge: _____

Issues for appeal: _____

When were hearings held in your case? (list each with dates as exact as possible please):

Have transcripts been ordered? YES NO UNSURE

Have transcripts been filed with the trial court? YES NO UNSURE

Has a Notice of Appeal been filed? YES NO UNSURE

If so, by whom and when? _____

IV. INFORMATION ABOUT THE RELATIONSHIP AT ISSUE:

Date of Marriage _____

Are you presently divorced? YES NO

Date of Divorce: _____

The date you and your spouse last lived together: _____

Address where you and your spouse last lived together:

Legal Jurisdiction (City or County)

V. INFORMATION ABOUT YOUR CHILDREN BY THIS RELATIONSHIP
(if they are involved in the appeal):

<u>Full Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any of these children are under the age of 18, please complete the following:

With whom do the children now live? _____

The present address of the above named children is _____

Has custody been awarded? YES NO

If so, to whom and when:

Has child support been awarded? If so, to whom and how much:
