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**PRIVILEGED AND CONFIDENTIAL
ATTORNEY WORK PRODUCT**

NEW CLIENT INFORMATION (DV)

DATE:

CLIENT:

Name: _____

Maiden Name (if applicable): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Age: _____ Date of Your Birth: _____

Place of Your Birth: _____ Social Security No.: _____

Below - Please only list numbers at which we may contact you.

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other phone: _____

E-mail address: _____

Address to which we may send you mail:

Send Mail to address above: _____

Or, send mail to the following address: _____

Other Special Contact Information?: _____

CONFIDENTIAL – ATTORNEY/CLIENT PRIVILEGE

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Date of Marriage: _____ Civil or religious ceremony?: _____

Place of Marriage: _____

County: _____ State: _____

Date of Separation: _____

Have you been married before?: _____

If yes, list below the date of each prior marriage, the name of your spouse, when and where the marriage ceremonies took place, and the names ages of all your children by previous marriages. Please also identify how the marriage was concluded.

YOUR EDUCATION:

High School: _____

Graduated? _____ Year of Graduation? _____

Name of College (if applies): _____

Degree or years attended: _____ Major: _____

Name of Graduate School (If applies): _____

Degree or years attended: _____ Degree: _____

Post Graduate Education (If applies): _____

Degree or years attended: _____ Degree: _____

Other professional training or certificates: _____

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YOUR PROFESSION:

Please identify if you have been trained for one or more identifiable professions:

YOUR CURRENT EMPLOYER:

Name: _____

Address: _____

How Long: _____ Title/Position: _____

Salary: Annual _____ Weekly _____ Monthly _____

SPOUSE / ADVERSE PARTY:

Name: _____

Maiden Name (if applicable): _____

Spouse's / Adverse Party's Address: _____

City _____ County _____

State _____ Zip Code _____

Spouse's / Adverse Party's Date of birth: _____;

Place of Birth: _____ Age: _____

Home Phone: _____ Work Phone: _____

Spouse's / Adverse Party's Social Security No.: _____

Spouse's / Adverse Party's Education: _____

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Spouse's / Adverse Party's prior marriages (Including names of previous spouses, length of marriage and dates of end of prior marriages, if known):

Spouse's / Adverse Party's Children by previous marriage (names and ages):

SPOUSE'S / ADVERSE PARTY'S EMPLOYER:

Name: _____

Address: _____

How Long: _____ Title/Position: _____

Salary: Annual _____ Weekly _____ Monthly _____

Special Bonuses or perks: _____

CHILDREN FROM THE MARRIAGE TO WHICH THIS CASE PERTAINS:

Child's Name:

_____ Place of Birth _____

Date of Birth _____ Age _____

Current Grade in School: _____

School currently attending: _____

Child Lives with: _____

Medical insurance paid by?: _____

Special Concerns or Needs: _____

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ATTORNEY WORK PRODUCT

Child's Name:

_____ Place of Birth _____

Date of Birth _____ Age _____

Current Grade in School: _____

School currently attending: _____

Child Lives with: _____

Medical insurance paid by?: _____

Special Concerns or Needs: _____

Child's Name:

_____ Place of Birth _____

Date of Birth _____ Age _____

Current Grade in School: _____

School currently attending: _____

Child Lives with: _____

Medical insurance paid by?: _____

Special Concerns or Needs: _____

Child's Name:

_____ Place of Birth _____

Date of Birth _____ Age _____

Current Grade in School: _____

School currently attending: _____

Child Lives with: _____

Medical insurance paid by?: _____

Special Concerns or Needs: _____

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How much do you pay per month for health insurance? _____

Does your health insurance cover all your children? _____

Is your current spouse covered by your health insurance? _____

Are you covered by your current spouse's health insurance? _____

Are your children covered by your current spouse's health insurance? _____

Do you anticipate a dispute about custody or visitation? _____

Action Desired: _____

Grounds for Action: _____

Name of Attorney consulted by Spouse / Adverse Party (if known): _____

PROPERTY:

Have either you or your spouse inherited any money or property during the marriage?

When _____ Amount _____

What was done with it? _____

Have either you or your spouse / adverse party received any gifts from third persons (over \$5,000.00) during the marriage?

When _____ Amount _____

What was done with it? _____

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ATTORNEY WORK PRODUCT

Did either you or your spouse / adverse party have property or savings over \$5,000.00 at the time of your marriage? _____

How much? _____

What was done with it? _____

Do either you or your spouse have a retirement, pension or profit sharing plan? _____

If so, Who: _____

Name of plan(s) if known: _____

How long have their been contributions been made to this plan? _____

ASSETS

1. Bank Accounts:

<u>Type of Account</u>	<u>Approx. Balance</u>
Checking (bank and #) _____	\$ _____
Checking (bank and #) _____	\$ _____
Checking (bank and #) _____	\$ _____
Savings (bank and #) _____	\$ _____
Savings (bank and #) _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

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2. IRA/Retirement/Pension/Profit Sharing:

3. Real Estate Currently Owned:

Address	Purchase Price	Fair Market Value Today	Mortgage
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4. Other Property and approximate value:
