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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**

**ATTORNEY WORK PRODUCT**

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.

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**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:

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**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: \_\_\_\_\_

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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):**

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

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**SPOUSE'S / ADVERSE PARTY'S EMPLOYER:**

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

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

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How Long: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Salary: Annual \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Special Bonuses or perks: \_\_\_\_\_

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**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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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):** \_\_\_\_\_

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**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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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:**

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**3. Real Estate Currently Owned:**

| <b>Address</b> | <b>Purchase Price</b> | <b>Fair Market Value Today</b> | <b>Mortgage</b> |
|----------------|-----------------------|--------------------------------|-----------------|
| <hr/>          |                       |                                |                 |
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**4. Other Property and approximate value:**

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