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DOMESTIC RELATIONS CLIENT INFORMATION

*** YOUR INITIAL OFFICE CONFERENCE FEE IS \$200.00 (future conferences \$275/hour) ***

Please pay the receptionist when you complete this form.

WE ACCEPT CREDIT CARD PAYMENTS FOR YOUR CONVENIENCE.

Date _____ Paid \$ _____ Conference Fee? Yes No

Your Full Name: _____

Spouse's Full Name: _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

FAX Number: _____ E-mail Address - home: _____

Work Phone: _____ E-mail Address - work: _____

Birth Date _____ Age _____ Sex _____ Social Security Number _____

Spouse's Birth Date _____ Age _____ Sex _____ Spouse's Social Security Number _____

Date of Marriage: _____ Place of Marriage: _____

Did you and your spouse sign a Prenuptial Agreement? _____

Children from Present Marriage or Relationship:

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

Married before? Yes / No How many times? _____

Children from Previous Marriage(s) or Relationship(s):

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

Your Employer: _____

Employer's Address _____

Has Mr. Warnock represented you before? Yes No If yes, when and why? _____

Were you referred to our office? _____ If so, by whom? _____

Describe briefly why you are here today. _____

How would you prefer that we provide information to you?

_____ U.S. Mail (at what address?): _____

_____ E-Mail (at what address?): _____

_____ FAX (at what FAX number?): _____