

Douglas W. Warnock Co., LPA 20 East Central Avenue Delaware, Ohio 43015-1903 Telephone (740) 363-3100

WEBSITE: www.dwarnocklaw.com

EMAIL: office@dwarnocklaw.com

## **DOMESTIC RELATIONS CLIENT INFORMATION**

\*\*\* YOUR INITIAL OFFICE CONFERENCE FEE IS \$300.00 (future conferences \$395/hour) \*\*\* Please pay the assistant when you complete this form and, or, prior to the Zoom/Telephone meeting. <u>WE ACCEPT CREDIT CARD PAYMENTS FOR YOUR CONVENIENCE.</u>

Date	Paid \$300.00 Conference Fee? Yes No
Your Full Name:	
Birth Date Age Sex	Social Security Number
Spouse's Full Name:	
Spouse's Birth Date Age	_ Sex Social Security Number
Your Address:	
Home Phone:	Cell Phone:
Work Phone:	E-mail Address:
Date of Marriage:	Place of Marriage:
Children from Present Marriage or Relations Full Name: Full Name: Full Name: Married before? Yes / No How m Children from Previous Marriage(s) or Relat Full Name: Full Nam	DOB: DOB: DOB: nany times? ionship(s): DOB: DOB:
How would you prefer that we provide information to you? U.S. Mail (at what address?): E-Mail (at what address?):	