

CLIENT PERSONAL DATA

Referred By: _____

Date: _____

CLIENT PERSONAL DATA

Mr. Mrs. _____

Miss Ms. First Middle Last

Preferred Name: _____ Preferred pronouns: _____

Address: _____

City/Town/Village State Zip County

Maiden Name: (if applicable) _____

Phone: _____ Work _____ Home (if ok to call)

_____ Cell _____ Best daytime number

Mailing Address: _____

How long at current address? _____ If less than 3 years, list previous address:

E-Mail Address: _____ (If OK to use)

Birthdate: _____ Birthplace: _____

Color/Race: _____ Condition of Health: _____

Education: _____
Highest Level Achieved

Have you resided in New York within the past 2 years? _____

If no, exactly how long? _____

EMPLOYMENT INFORMATION

Soc.Sec.No.: _____ - _____

Employer: _____

Address: _____

Phone: _____

Occupation: _____ Length of employment: _____

Earnings: Gross: _____ Net: _____

Other Sources of Income: _____

Group Health Plan: _____ Address: _____

ID # _____ Plan Administrator: _____ Type of Coverage: _____

SPOUSE PERSONAL DATA

Mr. Mrs.
Miss Ms. _____
 First Middle Last
Preferred name: _____ Preferred pronouns: _____

Address: _____

City/Town/Village State Zip County
Maiden Name: (if applicable) _____

Phone: _____ Work _____ Home (if ok to call)
 _____ Cell _____ Best daytime number

Mailing
Address: _____

City/Town/Village State Zip

How long at current address? _____ If less than 3 years, list previous address:

E-Mail Address: _____ (If OK to use)

Birthdate: _____ Birthplace: _____

Color/Race: _____ Condition of Health: _____

Education: _____
Highest Level Achieved

Attorney: _____

EMPLOYMENT INFORMATION

Soc.Sec.No.: _____ - _____ - _____

Employer: _____

Address: _____

Phone: _____

Occupation: _____ Length of employment: _____

Earnings: Gross: _____ Net: _____

Other Sources of Income: _____

Group Health Plan: _____ Address: _____

ID # _____ Plan Administrator: _____ Type of Coverage: _____

MARRIAGE INFORMATION

Date of Marriage: _____ Married in civil ceremony: ___ Yes ___ No

Place of Marriage: _____
City State County

Are Parties Separated: ___ Yes ___ No Date of Separation: _____

Number of Times Married: _____
Prior Marriage(s) Ended In: _____
Husband Wife
Death Death
Divorce/Annulled Divorce/Annulled

CHILDREN

Number of Children of this Marriage: _____

Name: _____
Date of Birth: _____ Age: _____
Soc. Sec. No.: _____
Resides With: ___ Wife ___ Husband
Specify _____
Gender: _____

Name: _____
Date of Birth: _____ Age: _____
Soc. Sec. No.: _____
Resides With: ___ Wife ___ Husband
Specify _____
Gender: _____

Name: _____
Date of Birth: _____ Age: _____
Soc. Sec. No.: _____
Resides With: ___ Wife ___ Husband
Specify _____
Gender: _____

Name: _____
Date of Birth: _____ Age: _____
Soc. Sec. No.: _____
Resides With: ___ Wife ___ Husband
Specify _____
Gender: _____

PRIOR MARRIAGE

Children from Prior Marriage:

Who has custody: _____

Name: _____
Name: _____
Name: _____

Date of Birth: _____ Age: _____
Date of Birth: _____ Age: _____
Date of Birth: _____ Age: _____

FINANCIAL INFORMATION

Please check all that you or your spouse own (individually or joint).

House
Other Real Property
Pension
TDSP/Annuity
IRA
Checking

Savings
Stock
Bonds
Life Insurance
Business

Do you currently have a POWER OF ATTORNEY OR LIVING WILL? _____

Have you or your spouse ever had an Order of Protection against the other? _____

Have you or your spouse ever been a party in a Child Abuse/Neglect Proceeding? _____

Are you or your spouse registered under New York State's Sex Offender Registry? _____

BRIEF STATEMENT OF MARITAL HISTORY AND DIFFICULTIES