

PLEASE FILL OUT, PRINT AND BRING THE DAY OF YOUR CONSULTATION ALONG WITH \$100.00 CONSULTATION FEE.



**DOMESTIC WORKSHEET**

DATE: \_\_\_\_\_

**FATHER:**

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Address Now Living: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Referred By: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Race \_\_\_\_\_ S/S #: \_\_\_\_\_

Birthplace: \_\_\_\_\_ # Of Previous Marriages: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MOTHER:**

Full Name: \_\_\_\_\_ (Maiden) \_\_\_\_\_ Check

Here If You Want Your Maiden Name Back: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Address Now Living: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Race \_\_\_\_\_ S/S #: \_\_\_\_\_

Birthplace: \_\_\_\_\_ #Of Previous Marriages: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MARITAL INFORMATION:** ( COMMON LAW) (LICENSED)

Date Of Present Marriage \_\_\_\_\_ City/County/State \_\_\_\_\_

# Of Previous Separations \_\_\_\_\_ Date Of Separation \_\_\_\_\_

Last Date Of Cohabitation \_\_\_\_\_ Living Apart Now: Yes No

Will Be Living Apart: Yes No

HAVE YOU BEEN A RESIDENT OF GEORGIA FOR MORE THAN SIX MONTHS? YES NO

**CHILDREN OF RELATIONSHIP:**

<u>Names Of Children</u>	<u>Birth/Adopted</u>	<u>Sex</u>	<u>Age</u>	<u>Birthdate</u>	<u>Who Has Custody</u>	<u>Who Wants Custody</u>
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Prior Litigation/Third Party Claim To Child/Where Lived: \_\_\_\_\_

Do You/Your Spouse Have Any Children By A Previous Marriage? \_\_\_\_\_

Yes No How Many \_\_\_\_\_

Do You/Your Spouse Receive Child Support For These Children?

Yes No Amt: \$ \_\_\_\_\_ Ages Of Children \_\_\_\_\_