

**MOORE, MASUNAS & MOORE, P.L.L.C.**

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**CLIENT INFORMATION SHEET**    **Date:** \_\_\_\_\_

**INFORMATION ABOUT YOURSELF:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (H): \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_

Occupation / Position: \_\_\_\_\_

Gross Monthly Income from All Sources: \_\_\_\_\_

How Long Have you Lived in Arizona? \_\_\_\_\_

Are you in the Military? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

Do you have a Will or Trust? \_\_\_\_\_

Have you been through a prior divorce? \_\_\_\_\_

Referred by: \_\_\_\_\_ Yellow Pages? \_\_\_\_\_

Do you plan to change your name, and if so to what? \_\_\_\_\_

**INFORMATION ABOUT YOUR SPOUSE / OPPOSING PARTY:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (H): \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_

Occupation / Position: \_\_\_\_\_

Gross Monthly Income from All Sources: \_\_\_\_\_

How Long Have you Lived in Arizona? \_\_\_\_\_

Who is his/her attorney? \_\_\_\_\_

Is she or he Military? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

Has he/she been through a prior divorce? \_\_\_\_\_

**INFORMATION ABOUT YOUR MARRIAGE ( IF APPLICABLE):**

Date of Marriage: \_\_\_\_\_

Place of Marriage: City \_\_\_\_\_ State \_\_\_\_\_

Is there a Pre-Nuptial Agreement? \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Do you have an Order of Protection against your spouse? \_\_\_\_\_

If so, when did you get it? \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILDREN ( IF APPLICABLE):**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Current Residence \_\_\_\_\_ Name of Other Parent \_\_\_\_\_

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Number of Children you and your spouse have in common: \_\_\_\_\_

Are you / your spouse pregnant? \_\_\_\_\_ If so, what is the due date? \_\_\_\_\_

Do(es) your child(ren) have health insurance? \_\_\_\_\_ If so, what is the cost? \_\_\_\_\_

Do(es) your child(ren) attend day care? \_\_\_\_\_ If so, what is the cost? \_\_\_\_\_

**INFORMATION ABOUT YOUR CASE:**

Explain what type of case you have:

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Special Circumstances Regarding your case:

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**Fee Quoted:**

Retainer: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

\*\* Due to the sensitive nature of a family law practice, we do not send out letters of nonrepresentation. Until such time as you have formally retained our firm (both attorney and client have signed the Fee Agreement and client has provided the initial retainer amount), the firm of MOORE, MASUNAS AND MOORE, P.L.L.C., **does not represent you.**

\_\_\_\_\_  
Signature and date