

DIANA L. KIDD, P.C.
CLIENT INFORMATION SHEET

Date: _____

YOUR INFORMATION:

Name: _____

Maiden Name/Alias: _____

Social Security Number: _____

Physical Address (City/State/Zip): _____

Mailing Address (If Different): _____

Contact Numbers: (Home) _____ (Cell) _____

(Work) _____ (Other) _____

Email: _____

Employer: _____

Work Schedule: _____

Marital Status: Single Married Divorced Widowed

Race: _____ **Sex:** _____ **Hair Color:** _____

Eye Color: _____ **Ethnicity:** _____

DOB: _____

Automobile Year and Make: _____ **Color:** _____

Do You Have a Matter Pending in Family Court Now?

(Circle One): Yes No **Before What Court:** _____

What Judge: _____

The information on this form is intended for the use and property of Diana L. Kidd, P.C. Any disclosure, copying, distribution or the taking of any action in reliance in the contents of this information is strictly prohibited.

40 Sunset Ridge, Suite 210, New Paltz, New York 12561
Ph. (845) 255-0840, (845) 419-2315 Fax (845) 419-2365

DIANA L. KIDD, P.C.
CLIENT INFORMATION SHEET

Have You Been to the Family Court Before? (Circle One): Yes No

If so, What Year: _____ What Judge Were You Before: _____

Do You Have Any Prior Orders or Charges? (Circle One): Yes No

When Was the Last Time You Were Before the Court? _____

Is there a present Order in effect? (Circle One): Yes No

Are you subject to an Order of Protection? _____

Preferred Appointment (Day/Time): _____

Who Were You Referred By: _____

CHILDREN(s) INFORMATION:

Please Identify All of Your Children(s) (if applicable):

<u>FULL NAME</u>	<u>DATE OF BIRTH</u>	<u>MALE/FEMALE</u>	<u>ADDRESS</u>

The information on this form is intended for the use and property of Diana L. Kidd, P.C. Any disclosure, copying, distribution or the taking of any action in reliance in the contents of this information is strictly prohibited.

40 Sunset Ridge, Suite 210, New Paltz, New York 12561
Ph. (845) 255-0840, (845) 419-2315 Fax (845) 419-2365

**DIANA L. KIDD, P.C.
CLIENT INFORMATION SHEET**

What Is the Present Custodial Schedule: _____

Has an Attorney Been Assigned to Represent Your Child(ren) (Circle One):

YES NO

If so, please list: Name: _____

Address: _____

Telephone: _____

OPPOSING PARTY INFORMATION

Full Name of Opposing Party: _____

Address: _____

Contact Numbers:

(Home) _____ (Cell) _____

(Work) _____

Email: _____

Employer: _____

Employer's Address: _____

Race: _____ **Sex:** _____ **Height:** _____ **Weight:** _____

Hair Color: _____ **Eye Color:** _____ **Ethnicity:** _____

DOB: _____

Automobile Year and Make: _____ **Color:** _____

Additional Physical Description: _____

The information on this form is intended for the use and property of Diana L. Kidd, P.C. Any disclosure, copying, distribution or the taking of any action in reliance in the contents of this information is strictly prohibited.

40 Sunset Ridge, Suite 210, New Paltz, New York 12561
Ph. (845) 255-0840, (845) 419-2315 Fax (845) 419-2365

DIANA L. KIDD, P.C.
CLIENT INFORMATION SHEET

Work Schedule: _____

Best Time They Can be Served & Location: _____

ADDITIONAL OPPOSING PARTIES:

Full Name of Opposing Party: _____

Address: _____

Contact Numbers:

(Home) _____ (Cell) _____

(Work) _____

Email: _____

Employer: _____

Employer's Address: _____

Race: _____ **Sex:** _____ **Height:** _____ **Weight:** _____

Hair Color: _____ **Eye Color:** _____ **Ethnicity:** _____

DOB: _____

Automobile Year and Make: _____ **Color:** _____

Additional Physical Description: _____

Work Schedule: _____

Best Time They Can be Served & Location: _____

The information on this form is intended for the use and property of Diana L. Kidd, P.C. Any disclosure, copying, distribution or the taking of any action in reliance in the contents of this information is strictly prohibited.

40 Sunset Ridge, Suite 210, New Paltz, New York 12561
Ph. (845) 255-0840, (845) 419-2315 Fax (845) 419-2365