DOMESTIC INFORMATION FORM

FATHER

Full Name:	Race:			
Physical Address:				
City:	State:	_ Zip:	In City Limits?: Yes	No
Home Phone:	Work Phone:		Cell Phone:	
E-mail:				
Employer:	Occupation:			
Employer's Address:				
Monthly Income:	Hourly Wage:	Неа	alth Ins: Daycare: _	
When do you receive ann	ual bonus? (if application	able):		
Adjusted Gross Income a	s Reported on Last Fe	ederal Tax R	eturn:	
Resident Citizen of:		County, Ala	bama for years	_months
Date of Birth:	State of Birth: Social Security Number:			
Education:	Last Grade Completed:			
MOTHER Full Name:			Race:	
Physical Address:				
			In City Limits?: Yes	
Home Phone:	Work Phone:	Work Phone:Cell Phone:		
E-mail:				
Employer:	Occupation:			
Employer's Address:				
			ılth Ins: Daycare: _	
When do you receive ann	ual bonus? (if application	able):		
Adjusted Gross Income a	s Reported on Last Fe	ederal Tax R	eturn:	
Resident Citizen of:		County, Ala	bama for years	months
Date of Birth:	State of Birth:	Socia	Security Number:	
Education:	Last Grade Completed:			

By submitting this form, the party submitting the form acknowledges no lawyer/client relationship exists until such time as the law firm / attorney formally agrees to accept representation and all necessary retainer fees and contracts for the agreed upon representation are paid and executed to the satisfaction of law firm / attorney.

GENERAL

Number of Children:	(State the Gender of each child best	side name)
Name:	Date of Birth:	SS#:
Name:	Date of Birth:	SS#:
Name:	Date of Birth:	SS#:
Name:	Date of Birth:	SS#:
, c	children or do you believe the children	en should live with the other
	what visitation schedule would be fai	r to you, in your opinion?