



LEILA SHEA LAW, LLC

happy or heartbreaking, family matters

(816) 960-6611 office
(866) 260-6616 fax
www.leilashealaw.com

CLIENT INFORMATION Mr. Ms. Mrs. Miss Dr.

Full Legal Name

Street Address

City State ZIP County

YES, Leila Shea Law can send mail to this address No, Leila Shea Law CANNOT send mail to this address:

Home Phone OK to call OK to leave message Do NOT call

Cell Phone OK to call OK to leave message Do NOT call

Work Phone OK to call OK to leave message Do NOT call

Employer Title

Work Address

City State ZIP County

Email

YES, Leila Shea Law can send email to this address No, Leila Shea Law CANNOT send email to this address

SSN Date of Birth

Drivers License # State or Country of Birth

HOW DID YOU HEAR ABOUT LEILA SHEA LAW, LLC?

Attorney (please list name)

Friend (please list name)

I am a past client

Other (please fill in)



SPOUSE INFORMATION Mr. Ms. Mrs. Miss Dr.

Full Legal Name

Street Address

City State ZIP County

Home # Cell # Work #

Employer Title

Work Address

City State ZIP County

Email

SSN Date of Birth

Drivers License # State or Country of Birth

My Spouse Has Already Retained an Attorney Yes No I Don't Know

Attorney Name Attorney Phone

MARRIAGE INFORMATION

Date of Marriage Place of Marriage

Marriage is Registered at (city, county, state)

No. of Children born or adopted during marriage Date of Separation

Wife's Maiden Name Restore Wife's Maiden Name? Yes No

Check if Applicable Wife is Pregnant One of us is in the military We have joint property/debt



CHILD INFORMATION – fill out a separate sheet for each child

Full Legal Name

Date of Birth Birthplace (city, state) Age

SSN Currently Living With? Client Spouse Other

Current School Grade District

Current Doctor Current Dentist

Health Insurance Provided By? Client Spouse Medicaid N/A - child not covered by insurance

FOR THE LAST FIVE YEARS, CHILD HAS RESIDED AT THE FOLLOWING ADDRESSES WITH THE FOLLOWING PERSONS (add additional pages if necessary):

Date to Date (mm/dd/yy)	Address	Resided With
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>