

Retainer: \_\_\_\_\_

Dwn Pymt: \_\_\_\_\_



**The Law Office of Roland R. Esparza, P.C.**

**Attorneys and Counselors at Law**

**Roland R. Esparza**

Attorney at Law

**Amanda L. Muth**

Associate Attorney

Court Date: \_\_\_\_\_

Cause #: \_\_\_\_\_

**CLIENT INFORMATION SHEET-FAMILY CASE**  
**ATTORNEY-CLIENT FEE AGREEMENT—NON REFUNDABLE RETAINER**

Divorce       Establishing Parentage       Modification       Adoption  
 Enforcement Action       Suit Affecting Parent Child Relationship       Other

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Nombre Completo)      Last      First      Middle

Maiden Name: \_\_\_\_\_      Age: \_\_\_\_\_      S.S.N: \_\_\_\_\_

Address: \_\_\_\_\_  
(Domicillo)      Street      City      State      Zip Code

Phone Number:(\_\_\_\_\_) \_\_\_\_\_      Alternate Tel No.:(\_\_\_\_\_) \_\_\_\_\_  
(Numero de Telefono)

Driver's License No.: \_\_\_\_\_      Date of Birth: \_\_\_\_\_  
(Numero de Licencia de Manejar)      (Fecha de Nacimiento)

Place of Birth: \_\_\_\_\_      Nationality (Race): \_\_\_\_\_  
(Lugar ne Nacimeinto)      (Nacionalidad)

County of Residence: \_\_\_\_\_      Marital Status: \_\_\_\_\_

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

**MAILING ADDRESS WHERE YOU WOULD LIKE TO RECEIVE YOUR MAIL:**

Address: \_\_\_\_\_  
Street      City      State      Zip Code

**ATTORNEY NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT:**

(Empleo)

Place of Employment: \_\_\_\_\_

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

(Direccion) Street City State Zip Code

Telephone No: (\_\_\_\_\_) \_\_\_\_\_ Salary \$: \_\_\_\_\_ (yrly,mthly,wkly,bi-wkly)  
(telefono)

Pensions, Retirement Funds, etc: \_\_\_\_\_

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**OTHER PARTY INFORMATION:**

(Ex)Spouse's Name: \_\_\_\_\_

Last First Middle

Maiden Name (if applicable): \_\_\_\_\_ Does spouse want a name change? \_\_\_\_\_

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

Street City State Zip Code

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nationality (Race): \_\_\_\_\_

Resident of County: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

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

Street City State Zip Code

Telephone No: (\_\_\_\_\_) \_\_\_\_\_ Salary \$: \_\_\_\_\_ (yrly,mthly,wkly,bi-wkly)

Pensions, Retirement Funds, 401K, etc.: \_\_\_\_\_

(Including separate Pensions, Stocks, Bonds, etc. not associated with your employment)

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**MARRIAGE INFORMATION:**

(Information de Matrimonio)

Place of Marriage: \_\_\_\_\_

(City) (County) (State)

Requesting Name Change: \_\_\_ Yes \_\_\_ No New Name: \_\_\_\_\_

Date Married: \_\_\_\_\_ (Yrs.) \_\_\_\_\_ (Mths) Date Separated: \_\_\_\_\_

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Reason for Divorce: ( ) Drugs\alcohol; ( ) Phy. Violence; ( ) Sexual infidelity; ( ) Financial disputes; ( ) Other

**CHILDREN:**

(Hijos/as)

CHILD(REN)'S NAME	Sex	Place of Birth	Date of Birth	Social Security No.
1.				
2.				
3.				
4.				
5.				

Do you pay child support for any other children not related to this case: \_\_\_\_\_ If yes, please list how many children: \_\_\_\_\_

If the Attorney General has assisted you with any services, please provide your Attorney General Case No. \_\_\_\_\_ and Cause No. (Example: 2011-EM5-0001) \_\_\_\_\_

**PROPERTY INFORMATION DETAIL:**

(Propiedad)

**LIST ALL CREDIT CARDS:** *(whether individually or jointly with your spouse)*

(tarjetas de credito)

NAME OF CARD	Account No.	Amount Due	Incurred by Whom
1.			
2.			
3.			
4.			
5.			
6.			
7.			



