

# KARRIS RAU, LLC

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## DOMESTIC CLIENT INFORMATION SHEET

Today's Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Years in NV: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Type: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Salary: \_\_\_\_\_

Education/Training: \_\_\_\_\_

Were/Are You: \_\_\_ Spouse: \_\_\_ in the Military? Branch/Rank: \_\_\_\_\_

Active or Retired: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Enter your maiden name or previous name if you want it restored: \_\_\_\_\_

If you are divorced from adverse party in this action, enter date finalized: \_\_\_\_\_

Specify any pensions at issue (retirement, 401K, IRAs, etc.): \_\_\_\_\_

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**CURRENT MARRIAGE AT ISSUE (IF APPLICABLE):**

Date of Marriage: \_\_\_\_\_ City/State of Marriage: \_\_\_\_\_

You/Spouse living together? \_\_\_\_\_ If not, list date of separation: \_\_\_\_\_

**MARRIAGES BEFORE THE MARRIAGE AT ISSUE NOW (IF APPLICABLE):**

Name of Former Spouse: \_\_\_\_\_

Dissolved by: Death: \_\_\_ Divorce: \_\_\_ Annulment: \_\_\_ Date of Marriage: \_\_\_\_\_

Name of Other Former Spouse: \_\_\_\_\_

Dissolved by: Death: \_\_\_ Divorce: \_\_\_ Annulment: \_\_\_ Date of Marriage: \_\_\_\_\_

**SUBSEQUENT MARRIAGE (IF APPLICABLE)**

*If you are involved in post-divorce proceedings and you remarried since your divorce.*

Current Spouse: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**ADVERSE PARTY**

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

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Years in NV: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Type: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Salary: \_\_\_\_\_

Education/Training: \_\_\_\_\_

Attorney for Adverse Party (if known): \_\_\_\_\_

Name of Adverse Party's former spouse: \_\_\_\_\_

Dissolved by: Death: \_\_\_ Divorce: \_\_\_ Annulment: \_\_\_ Date of Marriage: \_\_\_\_\_

**SUBSEQUENT MARRIAGE OF ADVERSE PARTY (IF APPLICABLE)**  
*If you are involved in post-divorce proceedings and your spouse remarried since your divorce.*

Current Spouse: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**CHILDREN OF YOURS WITH THE ADVERSE PARTY**

Child's Full Name	Child's Age	Child's Date of Birth	Child's Social Security No.	Who Child is Living With

**OTHER CHILDREN OF YOURS OR OF THE ADVERSE PARTY**

Child's Full Name	Child's Age	Child's Date of Birth	Child's Social Security No.	Who Child is Living With

**CUSTODY AND VISITATION ISSUES**

Current Custody and Visitation Arrangement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Custody Arrangement:

Legal Custody:            Joint: \_\_\_\_\_ Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Physical Custody:        Joint: \_\_\_\_\_ Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Desired Custody and Visitation Arrangement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Visitation should be:    Unsupervised: \_\_\_\_\_ Supervised: \_\_\_\_\_

If supervised is requested, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD SUPPORT FOR CHILDREN AT ISSUE**

Do you currently pay child support for the child(ren)?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, amount paid: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Have all payments been made?: Yes: \_\_\_ No: \_\_\_ If no, amount owed: \$ \_\_\_\_\_

Do you currently receive child support for the child(ren) at issue?

If yes, amount paid: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Have all payments been made?: Yes: \_\_\_ No: \_\_\_ If no, amount owed: \$ \_\_\_\_\_

Desired amount of child support to pay/receive: \_\_\_\_\_

Specify whether any of the children at issue have special needs  
(i.e. private school, tutor, medical needs, sports activity, or training): \_\_\_\_\_

\_\_\_\_\_

Child support currently paid to/received from former spouse: \$ \_\_\_\_\_

Have all payments been made?: Yes: \_\_\_ No: \_\_\_ If no, amount owed: \$ \_\_\_\_\_

Medical insurance provider for child(ren): Both: \_\_\_ Mom: \_\_\_ Dad: \_\_\_

Who will pay for medical insurance for child(ren): Both: \_\_\_ Mom: \_\_\_ Dad: \_\_\_

How much does medical insurance cost for the child(ren)?: \$ \_\_\_\_\_

Who will pay for out-of-pocket medical costs for child(ren): Both: \_\_\_ Mom: \_\_\_ Dad: \_\_\_

Are there any unreimbursed medical expenses for the child(ren)?: Yes: \_\_\_ No: \_\_\_

If yes, specify the amount owed for unreimbursed medical expenses: \$ \_\_\_\_\_

Are there any other expenses for the child(ren)?: Yes: \_\_\_ No: \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**TEMPORARY SPOUSAL SUPPORT**

Desired support or support amount currently being paid: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Special needs (including such items as rehabilitative training, medical problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERMANENT ALIMONY OR PAYMENTS**

Currently paid to/received from a former spouse: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Date(s) through which such sums are payable: \_\_\_\_\_

If not currently in place, or if some change in payments is sought, please specify: \_\_\_\_\_

\_\_\_\_\_

**DOMESTIC TORTS**

Has there ever been a physical assault, battery, intentional infliction of emotional distress, wiretapping or other interception of communications, infliction of disease, or harm to either party by the alleged negligence or fraud of the other? If so, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARE THERE NOW, OR HAVE THERE BEEN ANY OTHER COURT ACTIONS  
IN THIS OR ANY OTHER STATE?**

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROPERTY AND DEBT ISSUES**

You will need to fill out the Court form called "Financial Disclosure Form" completely. This will be provided to you during or immediately following your consultation.

Have creditors been notified of impending divorce? \_\_\_\_\_

Has either party ever filed bankruptcy? \_\_\_\_\_

