

**DOUGLAS W. WARNOCK CO., L.P.A**  
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**DOMESTIC RELATIONS CLIENT INFORMATION**

\*\*\* YOUR INITIAL OFFICE CONFERENCE FEE IS \$150.00 (future conferences \$250/hour) \*\*\*

*Please pay the receptionist at your initial appointment.*

WE ACCEPT CREDIT CARD PAYMENTS FOR YOUR CONVENIENCE.

Date \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

FAX Number: \_\_\_\_\_ E-mail Address - home: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address - work: \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Did you and your spouse sign a Prenuptial Agreement? \_\_\_\_\_

Children from Present Marriage or Relationship:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Married before? Yes No How many times? \_\_\_\_\_

Children from Previous Marriage(s) or Relationship(s):

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Your Employer: \_\_\_\_\_

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

Has Mr. Warnock represented you before? Yes No If yes, when and why? \_\_\_\_\_

Were you referred to our office? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Describe briefly why you request an appointment. \_\_\_\_\_

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

How would you prefer that we provide information to you?

\_\_\_\_\_ U.S. Mail (at what address?): \_\_\_\_\_

\_\_\_\_\_ E-Mail (at what address?): \_\_\_\_\_

\_\_\_\_\_ FAX (at what FAX number?): \_\_\_\_\_