

LAW OFFICES
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CLIENT INFORMATION SHEET

1. Husband's Full Name: _____
Social Security No.: _____
2. Wife's Full Name: _____
Social Security No.: _____
3. Marital Status: Married ___ Separated ___ Divorced ___
4. Address: _____

5. Telephone Numbers:
Husband's Cell: _____
Husband' Work: _____
Wife's Cell: _____
Wife's Work: _____
Home: _____
Home Fax No. _____

6. Email Addresses

Husband: _____

Wife: _____

7. Husband's Employer:

Name: _____

Address: _____

How Long Employed: _____

Title or Position Held: _____

8. Wife's Employer:

Name: _____

Address: _____

How Long Employed: _____

Title or Position Held: _____

9. Dependents:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____