South Carolina Divorce Client Information

Name of Clien	t				
	First	Middle	(Maiden)	Last	
Address					
	Street address				
	City	County	State	Zip	
Confirm lived	there for 1 year		-		
Home Phone_			Business Phone		
Cell Phone			Occupation		
Employer		Address			
DOB:			State of Birth		
# of Previous Marriages		Date of Pre	esent Marriage		
Place of Preser	nt Marriage				
	<i>C</i>	County		State	
# of Children _					
Names and Da	tes of Birth				
Nama of Snow	se				
Name of Spous	First	Middle	(Maiden)	Last	
Address					
	City	County	State		Zip
Home Phone_			Business Phone		
Cell Phone			Occupation		
Employer		Ad	Address		
DOB:			State of Birth		

of Previous Marriages of Spouse
Do you or your spouse or any of your children have any disabilities/afflictions?
If yes, please explain
I have been institutionalized in the following hospitals or jails
My spouse has been institutionalized in the following hospitals or jails
My previous lawyers have been
My spouse's previous lawyers have been
If now separated, in what county and state did you and your spouse last reside as husband and wife?
If now separated, date of separation
My most important priorities are
I was referred to Hindson & Melton LLC by

4817-8214-5807, v. 1