



CLIENT INFORMATION SHEET

DATE:

CLIENT REF:

MATTER:

<u>PERSONAL DETAILS</u>	<u>RESPONDENT'S / PARTNER'S DETAILS</u> <i>(Please list as much information as possible - thank you)</i>
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
<u>First Names:</u>	<u>First Names:</u>
<u>Surname:</u>	<u>Surname:</u>
<u>Date of Birth:</u>	<u>Date of Birth:</u>
<u>Address:</u>	<u>Address:</u>
<u>Postal Address: (if different from above)</u>	<u>Postal Address: (if different from above)</u>
<u>Telephone:</u> Home: Work: Mobile: Fax:	<u>Telephone:</u> Home: Work: Mobile: Fax:
<u>Email Address:</u>	<u>Email Address:</u>
<u>New Zealand Resident/Citizen:</u> YES / NO	<u>New Zealand Resident/Citizen:</u> YES / NO
<u>Ethnicity:</u> New Zealand European / New Zealand / Maori / Samoan / Tongan / Chinese / Indian / Australian / Thai/ Other <i>(Please circle one)</i>	<u>Ethnicity:</u> New Zealand European / New Zealand / Maori / Samoan / Tongan / Chinese / Indian / Australian / Thai/ Other <i>(Please circle one)</i>

Do you need an Interpreter? YES / NO

Language:

Do you wish your address to be confidential and kept off any legal documents? YES / NO

Is it okay to contact you at your work number? YES / NO

<u>Occupation:</u>	<u>Employer:</u>
<u>Employer's Address:</u>	<u>Employer's Phone:</u>

Relationship to Respondent:

Husband / Wife / De-facto / Civil Union Partner / Partner / Ex-Partner (Please circle one)

If Married or de facto relationship:

<u>Date of Marriage:</u>	<u>Date De Facto Relationship begun:</u>
<u>Length of Marriage:</u>	<u>Length of Relationship:</u>
<u>Place of Marriage:</u>	<u>Date of Separation:</u>

Counsel for Respondent - Name & Contact Details (if applicable):

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CHILD(REN'S) DETAILS

Full Name(s)	Date of Birth	Age	Male/ Female	Who is Child currently living with?

Counsel for Child - Name & Contact Details (if applicable):

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PAYMENT DETAILS

<u>Fee Agreement:</u> YES / NO / LEGAL AID (Please circle one)	<u>Initial Deposit Paid:</u> <u>Date Paid:</u>
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PREVIOUS COUNSEL

REFERRAL DETAILS

<u>Name & Contact Details</u> (if applicable):	<u>Client referred by:</u>
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