FILE OPENING

Attorney: <u>Ben Aranda</u>	Today's Date:
Name:	Date of Birth:
Social Security No.:	
Home Address Street:	
City/State/Zip	
Contact Information Home phone number:	
Cell phone number:	
Work Number:	
E-Mail:	
Employer Information Employer:	
Street:	
City/State/Zip:	
Opposing Party Information Name:	Date of Birth:
Social Security No.:	
Address:	-
	-
Employer:	
Street:	
City/State/Zip:	

Children's Information	
Names:	
Dates of Birth://	/
SSN:/	/
Gender://	
Case Information Nature of case:	
Date of marriage:	
Place of marriage:	
Date of separation:	
Wife's maiden name:	
Birth place (both parties):Husband	/
Highest grade completed (both parties):	/ Husband Wife
Number of marriages (both parties): H	_/ W
How did previous marriage(s) end? (both pa	arties):/ Husband Wife
<u>Referred By</u> Legal Match Personal Refe	erral
BAMSL/MO Bar Phone book _	