

Otterbacher, Norris & Eldred, L.L.C.

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CLIENT INFORMATION SHEET

Please provide us the following basic information about yourself, the opposing party, and the reason you came to see us. Please Print. Thank you.

Client Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

E-Mail address: _____

Can you receive calls at work? Yes ___ No ___ Home or Work Fax _____

Social Security No.: _____ - _____ - _____ Date of Birth: ____/____/____

Previous Address: _____

Place of Employment: _____

Employment Address: _____

How Long?: _____ Occupation: _____

SPOUSE INFORMATION:

Name: _____

Social Security No.: _____ - _____ - _____ Date of Birth: ____/____/____

Employer Name and Address: _____

Nearest Relative Not Living With You:

Name: _____

Address: _____

Phone: _____ Relationship: _____

Adverse of Other Party:

Name: _____

Address: _____

Phone: _____

Opposing Attorney:

Name: _____

Address: _____

Phone: _____

(Please flip over and fill out back of form)

How did you find out about our firm or whom may we thank for referring you to us?

Referred by: _____

Phone Book: _____

Other: _____

Briefly describe the reason you came to see us: _____

FOR DOMESTIC RELATION CASES ONLY:

Name of Children

Date of Birth

Social Security Number:

Date of Marriage: _____

Location of Marriage: _____

Date of Separation: _____

Spouse Address, if different than marital residence: _____

Have you been involved in any legal matters within the last 12 months? _____

Have you or the other parent ever been represented by the Porter County Prosecutor for
Child Support/Paternity? ____ Yes ____ No.