



LAW OFFICE OF
Thomas J. Taranto, P.C.

THOMAS J. TARANTO, ESQ.
MARIATILKENS, PARALEGAL

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INFORMATION ABOUT YOU

MY FULL NAME: _____ AGE: _____
FIRST MIDDLE MAIDEN LAST

MY SOCIAL SECURITY NUMBER: _____

RESIDENTIAL ADDRESS: _____ (#, street, city & zip)

COUNTY OF RESIDENCE: _____

Alternative/temporary address for mail if the above address is **not** confidential:

CONFIDENTIAL EMAIL ADDRESS _____ (personal or work)

HOME PHONE: _____ CELL PHONE: _____ (Indicate preferred #)

Please indicate if either number is **not** confidential and/or should not be called by this office:

OCCUPATION: _____ BUSINESS PHONE: _____

EMPLOYER: _____ INCOME: _____

DATE OF BIRTH: _____ COUNTY OF BIRTH: _____ STATE OF BIRTH: _____

Are you **currently** married to the opposing party?

YES NO Divorced _____ (date/county/state) Never married

Are you separated from the opposing party? (not living in the same home) YES NO N/A

DATE OF SEPARATION: _____

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____ (State) _____ (County)

Children's names and dates of birth of this marriage or relationship:

Number of Previous Marriages: _____ Name (s) of previous spouse (s): _____

Names and dates of birth of children from previous marriage (s) or relationship (s):

CHILD SUPPORT:

I **receive** child support: \$ _____ per _____

Is there a Court Order? YES NO COURT DOCKET NO: _____

Names of Children Supported: _____

Paid by: _____

I **pay** child support: \$ _____ per _____

Is there a Court Order? YES NO

Names of Children Supported: _____

Paid to: _____

SPOUSAL SUPPORT (ALIMONY):

I **receive** spousal support: \$ _____ per _____

Is there a Court Order? YES NO

Paid by: _____

I **pay** spousal support: \$ _____ per _____

Is there a Court Order? YES NO

Paid to: _____

EDUCATIONAL BACKGROUND/DEGREES/LICENSES HELD:

HAVE YOU EVER BEEN INSTITUTIONALIZED OR ARRESTED? YES NO

If yes, please give details:

Do you, your spouse, or any of your children have any disability or serious illness? If yes, please explain:

ANY PREVIOUS LAWYER (S) AND NATURE OF CASE (S): _____

INFORMATION REGARDING SPOUSE OR OPPOSING PARTY:

NAME: _____ AGE: _____
FIRST MIDDLE MAIDEN LAST

MY SOCIAL SECURITY NUMBER: _____

RESIDENTIAL ADDRESS: _____ (#, street, city & zip)

COUNTY OF RESIDENCE: _____

HOME PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ INCOME: _____

NAME OF EMPLOYER: _____ TIME WITH EMPLOYER? _____

BUSINESS ADDRESS: _____

DATE OF BIRTH: _____ COUNTY OF BIRTH: _____ STATE OF BIRTH: _____

EDUCATIONAL BACKGROUND/DEGREES/LICENSES HELD:

Number of Previous Marriages: _____ Name(s) of previous spouse(s): _____

Names and dates of birth of children from previous marriage(s) or relationship(s):

OPPOSING PARTY PAYS OR RECEIVES CHILD SUPPORT TO/FROM: _____

OPPOSING PARTY PAYS OR RECEIVES SPOUSAL SUPPORT TO/FROM: _____

HAS SPOUSE/OPPOSING PARTY EVER BEEN INSTITUTIONALIZED OR ARRESTED?

YES NO IF YES, PLEASE GIVE DETAILS:

Opposing party's present attorney is:

(if known)

Opposing party's previous attorney(s):

INFORMATION REGARDING ACTION:

BRIEFLY DESCRIBE THE NATURE OF YOUR PROBLEM AND WHAT KIND OF HELP YOU ARE SEEKING:
(e.g. divorce, separation agreement, increase in child support/alimony, adoption, etc.)

MY PRIORITIES ARE:
(please be specific)

Have you been served with any legal documents? YES NO

Type/Date served: _____

Are you giving or receiving any financial support to/from the opposing party? YES NO

Date/amount of support last paid/received: _____

If you obtain a Decree of Divorce, do you also want to resume the use of your maiden name?

YES NO If yes, print name EXACTLY as you wish it to appear in the Decree:

FIRST

MIDDLE

LAST

PLEASE USE A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE

Provide any other information that you believe would be helpful?

In addition to your priorities, what results are you seeking?

What expectations do you have of this Law Firm?

How did you hear about the Law Office of Thomas J. Taranto, P.C.?

INFORMATION FOR SERVICE OF PAPERS

Name of person to be served:

Description of person to be served:

Age: _____

Sex: _____

Race: _____

Height: _____

Weight: _____

Hair color: _____

Eye color: _____

Does this person wear glasses? _____ Please describe their eyewear: _____

Any other distinguishing features? (visible tattoos, scars, etc.)

If so, please describe: _____

Home address:

Place of employment & address:

Description of vehicle:

License of vehicle:

Any other information needed to help with the service? If so, please describe:

A PHOTOGRAPH WOULD BE MOST HELPFUL IF ANY DIFFICULTY IN SERVICE IS EXPECTED