

FAMILIES IN TRANSITION, INC.
CLIENT INFORMATION AND BILLING FORM

Date: _____ Home phone: _____

Email: _____ Cell phone: _____

Client name: _____
Last name First name Middle name

Street address: _____

City: _____ State: _____ Zip: _____

Client gender: M F Age: _____ DOB: _____

Marital Status: S M W S D

Children's names and ages:

Employment information:

Client employer: _____ Occupation: _____

Business address: _____ Bus phone: _____

(ex)Spouse employer: _____ Occupation: _____

Business address: _____ Bus phone: _____

Attorney information:

Client attorney: _____ Phone: _____

(ex)Spouse attorney: _____ Phone: _____

Referral/Divorce information:

Who referred you to FIT? _____ Court ordered? Y N

Name of Judge: _____ Date Divorce Filed/Final: _____

Custody evaluation {604(B)}: Y N Date completed: _____

Name of evaluator: _____