

The Law Office of  
**Rusca & Rusca**  
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Welcome to our office! By completing this client information sheet, you will help us to serve you more efficiently.  
Thank you for selecting our office. Please complete all information as completely as possible.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Primary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternative Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

**Opposing Party/Spouse:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Primary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternative Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Minor Children:**

Name	Date of Birth	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

**For office use only—**

Consult fee paid: \_\_\_\_\_ Conflict check on: \_\_\_\_\_ Retainer paid on: \_\_\_\_\_ In the amount of: \_\_\_\_\_