

## CLIENT INFORMATION SHEET

The purpose of an initial consultation is for the attorney to advise you, the *prospective* client what, if anything, can be done for you. The purpose is not to render a definitive legal opinion as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the (information or documents) that you may be able to provide at the initial consultation.

The following information will help us to understand the reason for your visit. Your responses are protected by attorney/client privilege and will be held in strict confidence. Please complete and bring with you to your initial consultation. Fee for consultation due at the time services are provided. Please contact our office if you have any questions.

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Mailing Address if different from Physical Address:

\_\_\_\_\_

\_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_

Alternative Phone and/or Cell Phone: (      ) \_\_\_\_\_

Email address: \_\_\_\_\_

Best method of contact: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Number: (        ) \_\_\_\_\_

If needed, may we contact you at work? \_\_\_\_\_

Name and birthday of all children under 18: \_\_\_\_\_

\_\_\_\_\_

Current Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's address: \_\_\_\_\_

Number of this marriage: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

Date of separation (if applicable): \_\_\_\_\_

List any previous attorneys: \_\_\_\_\_

Who referred you to our firm? \_\_\_\_\_

Are you interested in other, alternative methods to settle matters in controversy? \_\_\_\_\_

Please provide a brief description of the issues which you wish to discuss during the  
consultation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If a party involved is not your spouse (i.e. former spouse or parent of child(ren) in common), please provide the following information for that party:**

Full name of other party involved: \_\_\_\_\_

Relationship to party involved: \_\_\_\_\_

Date of Divorce (if applicable) \_\_\_\_\_

If adverse party is not your spouse, were you ever married to adverse party: \_\_\_\_\_

If children in common, name and date of birth of each child: \_\_\_\_\_

\_\_\_\_\_

Physical Address for adverse party:

\_\_\_\_\_

\_\_\_\_\_

Mailing Address if different from Physical Address:

\_\_\_\_\_

\_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_

Alternative Phone and/or Cell Phone: (      ) \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_

If available and applicable, please bring the following items with you to the consultation:

- A) Any Court Order(s) regarding the issue(s) to be discussed.
- B) Copies of any pleadings, court documents and/or notice of any court date or hearing.
- C) Any written agreements pertaining to the issue(s) to be discovery.
- D) List of any urgent issues requiring immediate attention.
- E) Summary of assets and debts

**PLEASE READ CAREFULLY & SIGN BELOW:**

Following your initial consultation, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign a Fee Agreement. The Fee Agreement will set forth the terms and conditions of representation.

This office DOES NOT represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation unless and until both you and the Attorney execute a written Fee Agreement and any required fee has been paid.

Your signature acknowledges only that you believe the information contained is accurate and does not mean you have hired the Attorney.

SIGNATURE: \_\_\_\_\_

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