

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: _____