



A PROFESSIONAL LIMITED LIABILITY COMPANY

TODAY'S DATE: _____

CONSULTATION INTAKE FORM

CONFIDENTIALITY: The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Type of Case (check all that apply):

- A: Divorce with children
- B: Divorce without children
- C: Paternity
- D: Modification
- Enforcement of child support
- Enforcement of visitation
- Adoption
- Other (specify) _____

ABOUT YOU				
First Name	Middle Name	Last Name	Suffix	Date of Birth
Home Phone:	Work Phone:	Cell Phone:	Fax:	Other:
Email:		Driver's License #	Issuing State:	Social Security Number
Usual Residence	Street Name and Number	City	State	Zip
Employer Name	Street Name and Number	City	State	Zip
Date of Employment:	Occupation:	Salary:	How Paid: (weekly, biweekly, twice a month, monthly...)	
How did you hear about our office?				
Have you retained any other attorneys on this matter prior to coming to this office? If yes, please provide name, date retained, and reason to discontinue service)				

ABOUT OPPOSING PARTY

First Name	Middle Name	Last Name	Suffix	Date of Birth
Email:		Driver's License #	Issuing State:	Social Security Number

Is opposing party represented by counsel? If yes, complete the following:

Name of Attorney:

Address:

Phone:

Fax:

Usual Residence	Street Name and Number	City	State	Zip
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Dates of Residency at current address:

Employer Name	Street Name and Number	City	State	Zip
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Date of Employment:	Occupation:	Salary:	How Paid: (weekly, biweekly, twice a month, monthly...)
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MISCELLANEOUS INFORMATION

Date of Marriage	Date of Separation	Place of Marriage	City	State	Wife's Maiden Name
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Are you and opposing party currently living together?

Does wife want to restore her name?

Number of Minor Children with Opposing Party:

Number of Minor Children with Someone other than Opposing Party:

Vehicle Driven by Petitioner (year, make, model):

Vehicle Driven by Respondent (year, make, model):

Is wife currently pregnant?

Describe the circumstances that caused your separation:

If a suit for divorce has been previously filed by either spouse as to this marriage, please provide the date such was filed, the name of the primary attorney involved, the name or location of the court, and the reason the divorce was not finalized.

ABOUT MINOR CHILDREN

First Name	Middle Name	Last Name	Suffix	Date of Birth
Whom is child presently living with:			Social Security Number	Sex
th Place City Bir		County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
Whom is child presently living with:			Social Security Number	Sex
th Place City Bir		County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
Whom is child presently living with:			Social Security Number	Sex
th Place City Bir		County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
Whom is child presently living with:			Social Security Number	Sex
th Place City Bir		County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
Whom is child presently living with:			Social Security Number	Sex
th Place City Bir		County	State	