

INTAKE FORM (Family)

Atty: _____

Full Name: _____ Appt. Date: _____

Date of Birth: _____ SSN: _____

Street Address: _____

City/State/Zip: _____

Tel# Home: _____ Work: _____ Cell/Pager: _____

E-mail: _____ Fax: _____

State of Residence: _____ How Long: _____ Military? No / Yes / Retired

Employer: _____ Gross monthly income: \$ _____

Unless you say otherwise, we assume that we can contact you via telephone, fax, mail, or e-mail. Please let us know if there are any restrictions on contacting you, sending sensitive information, or leaving messages (examples– you work odd hours, or are concerned a third party may intercept communications):

What is your legal situation? (List pending motions, issues, or charges): _____

Have you, the other party, or anyone involved in this case, previously been a client of this firm or its lawyers (Clifton Black, Carl Graham, Oliver Johnson, Michael Lassota)? No / Yes.

Name of current lawyer or public defender, if any: _____

How did you hear about us?

_____ **Dex Yellow Pages / Yellow Book / Christian Business Directory** (*Circle One*)

_____ **Web Site**

_____ **Referral** (Please indicate who referred you: _____)

_____ **Public Defender's Office / Military JAG Office** (*Circle one*)

_____ **Pre-Paid Legal Services**

_____ **Other** (Please specify: _____)

This consultation is for the purposes of discussing your case and providing legal advice only. Until you and this firm sign an agreement and you pay the retainer, the attorney is unable to represent you at any upcoming court proceedings.

Other Party's Information: Full Name: _____

Date of Birth _____ SSN: _____

Street Address: _____

City/State/Zip: _____

Tel# Home: _____ Work: _____ Cell/Pager: _____

State of Residence: _____ How Long? _____ Military? No / Yes / Retired

Employer: _____ Gross monthly income: \$ _____

If you plan to file the initial divorce/paternity proceedings, provide details about the other party, including physical description, make/color of vehicle, and the best time to find him/her:

<u>Children under 19:</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Living With?</u>
_____ M / F _____	_____	_____	Mother/ Father/ Other
_____ M / F _____	_____	_____	Mother/ Father/ Other
_____ M / F _____	_____	_____	Mother/ Father/ Other
_____ M / F _____	_____	_____	Mother/ Father/ Other
_____ M / F _____	_____	_____	Mother/ Father/ Other

Other places children have lived in past 5 years: _____

Any past or current custody actions involving children? No / Yes (Explain on back)

Have you or the children received public assistance in last 5 years? No / Yes (Explain on back)

Does either party have a restraining order against the other? No / Yes (Explain on back)

Have any agreements been reached so far? No / Yes (Explain on back)

Marriage: *(If applicable. Do not fill out if your case is post-decree)*

Date of Marriage: _____ County/State: _____

Date of Separation: _____ Is the Wife pregnant? No / Yes

Wife's prior name: _____ Does she want it restored? No / Yes / Unknown