



Date: _____

NEW CLIENT CONSULTATION SHEET

Your Information

Your Full Legal Name: _____ Maiden Name: _____

Social Security Number: _____: _____: _____ Drivers License Number: _____ State: _____ DOB: ____/____/____

Place of Birth: _____ Race: _____

Home Address: _____ City: _____ State: _____ Zip: _____ County: _____

How long in the county: _____ Home phone #: _____ Cell Phone #: _____

Safe Email Address: _____ May we send monthly invoice(s) to your email? _____ Yes _____ No

Place & Address of Employment: _____

Occupation: _____ Work Phone #: _____ Fax #: _____

PREFERRED PHONE CONTACT: _____ Home _____ Cell _____ Work

PREFERRED ADDRESS FOR MAILING: _____

Opposing Party/Other Parent Information (Please Circle One)

Full Legal Name: _____ Maiden Name: _____

Social Security Number: _____: _____: _____ Drivers License Number: _____ State: _____ DOB: ____/____/____

Place of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____ County: _____

How long in the county: _____ Home phone #: _____ Cell phone #: _____

Email Address: _____ Race: _____

Opposing Party's Place & Address of Employment: _____

Opposing Party's Occupation: _____ Work Phone #: _____ Fax #: _____

Other names person's been known by: _____

Legal Issues

Nature of case/reason for seeking consultation with our office:

Is other party represented by an ATTORNEY in the matter? _____ YES _____ NO ***If YES, provide:***

Name of Attorney/Firm and location: _____

Please indicate if any of the following has occurred:

1. You have spoken to another attorney regarding the matter? _____ YES _____ NO
2. A case has been filed regarding this matter? _____ YES _____ NO
3. You have had papers served upon you in this case by a sheriff or process server? _____ YES _____ NO

Referral Source

REFERRED TO: _____

REFERRAL SOURCE: ___ Individual ___ Website ___ Internet Search ___ Former Client ___ Other

Please specify or name referral source" *If publication or internet, please give any other details (headline, content, publication details, keyword search terms, etc.)

Has a case previously been filed or finalized in regards to you or the other party and the children, if any? _____ Yes _____ NO

If yes, please provide type of proceeding and cause number _____

For Internal office use:

Type of Matter: _____ Retainer Amt: _____ Date Paid: _____

Notes: _____

