

**CLIENT INITIAL CONSULTATION INFORMATION SHEET  
DOMESTIC RELATIONS**

DATE: \_\_\_\_\_, 2017

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

RATE OF PAY: \_\_\_\_\_

BENEFITS: Health? \_\_\_\_\_ Pension? \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

E-MAIL \_\_\_\_\_ May We Contact you this way \_\_\_\_\_

**OTHER PARTY INFORMATION:**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

RATE OF PAY: \_\_\_\_\_

BENEFITS: Health? \_\_\_\_\_ Pension? \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

DATE OF SEPARATION OR DIVORCE: \_\_\_\_\_

COUNTY AND STATE OF MARRIAGE: \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF THE STATE OF FLORIDA: \_\_\_\_\_

**CHILDREN:**

NAME	DOB	AGE	PLACE OF BIRTH
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_____	_____	_____	_____
_____	_____	_____	_____

**MARITAL HOME:** OWN \_\_\_\_\_ RENT: \_\_\_\_\_

If own, how much is it worth? \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

How much is the outstanding mortgage? \_\_\_\_\_

Do you own any other real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

If you have minor children, please list the children's residence for the last 5 years:

DATES	ADDRESS	WHO CHILDREN LIVED WITH
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_____	_____	_____
_____	_____	_____

**AUTOMOBILES AND BOATS:**

YEAR	MAKE	MODEL	WHO DRIVES	HOW TITLED
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**DISABILITIES:**

Do you or anyone in your family have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_



Are there other parties involved? (Examples: a friend, an employer, a neighbor, signor of a contract, etc. This should include people or parties on either side of your issue.)

Party \_\_\_\_\_ Relationship \_\_\_\_\_

Party \_\_\_\_\_ Relationship \_\_\_\_\_

Party \_\_\_\_\_ Relationship \_\_\_\_\_

On the lines below, list the documents that you think may help us to understand the issues.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(Note: Any documents you supply that are important to your matter will be photocopies, with your permission, and your originals returned to you at the conclusion of your initial interview.)

Ideally, if things turn out precisely the way you want, what would the outcome be?

\_\_\_\_\_  
\_\_\_\_\_

Knowing that there are no guarantees, what can you accept?

\_\_\_\_\_  
\_\_\_\_\_

Please classify your urgency in concluding this matter? (Check one)

- Critical - Personal safety or continuation of business depends on it.
- Very important - Severe hardship, personal or financial inconvenience if matter is not resolved quickly.
- Important - Matter interferes with business or personal financial stability.
- Needs to be done, but no immediate hardship in the interim.
- Just thought I'd see if it was worth pursuing, but I'm not counting on anything.
- Just wanted to know what my rights are. I'll then let you know after I think about it.

If the matter involves payment to you of money you feel you are owed, how long can you wait before not getting paid? \_\_\_\_\_

Are we the first attorneys you have consulted regarding this matter?  Yes  No  
If No, why didn't you hire their services? \_\_\_\_\_

Have you ever been represented by an attorney before?  Yes  No  
If Yes, please state the circumstances \_\_\_\_\_

How will you pay for your attorney's fees in this matter?  
 Check today  Cash today  Contingency Fee

Marital Status  Married  Single  Divorced  Widowed  Separated

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you known by any other names?  Yes  No

If Yes, name(s) \_\_\_\_\_  
(A fictitious name, a nickname, a former name, your maiden name, etc.)

Where are you employed? \_\_\_\_\_

May we contact you there?  Yes  No Phone No. (\_\_\_\_) \_\_\_\_\_

If your mail is returned as undeliverable or your telephone service terminated, please provide the name of someone (friend or relative) you believe will always know how to contact you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

State & Zip \_\_\_\_\_

How did you learn of our office?  Friend  Yellow Pages  Bar Referral  
 Our Web Page  Former Client  Other

**PLEASE READ CAREFULLY & Sign Below**

Following your initial interview, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign an Agreement for Representation. The Agreement for Representation will set forth the terms and conditions of representation.

If the Attorney is willing to represent you and you decide not to sign an Agreement of representation today, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately consult with other legal counsel to protect your rights.

**NOTICE:** 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 Contract Employing Law Firm.

If the Attorney does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this information sheet, nor any other matters you may discuss with the Attorney during your consultation. If your legal problem (s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to *immediately* consult with another attorney to protect your rights. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits of your case.

Your signature acknowledges only that you received a copy of this completed information sheet and does not mean you have hired the Attorney.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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