

CONSULTATION INTAKE

YOUR PERSONAL INFORMATION:

Name: _____ Today's date: _____

Address: _____ Date of birth: _____

SSN: _____

Mailing address: _____ Phone: _____

County: _____

Calls to home OK? YES _____ NO _____

Your occupation: _____ Work phone: _____

Employer: _____ Cell phone: _____

Address: _____ Pager number: _____

Fax number: _____

Referred by: _____ E-mail: _____

DO NOT LIST ANY NUMBERS OR E-MAIL ADDRESSES WE CANNOT USE!

SPOUSE'S PERSONAL INFORMATION:

Name: _____ Occupation: _____

Address (if different): _____

Work name & address: _____

Date of birth: _____ SSN: _____

Spouse's attorney (if any): _____

Is your spouse aware of your consultation with us? YES _____ NO _____

Does he/she have knowledge that you are considering a dissolution? YES _____ NO _____

List the names and dates of birth (and SSNs, if available) of children of this marriage: _____

WHAT I WANT:

(Check as many as you wish.)

_____ I want you to represent me.

_____ I want pre-dissolution counseling as to what my rights are in a dissolution.

_____ I am "shopping around" for a lawyer and I want to consult with you.

_____ I want a second opinion.

_____ I am not sure what I want.

FOR: Paternity Adoption Premarital planning

I have a post-dissolution problem regarding: Custody Visitation Support
 All

Date of marriage: _____ Name of county married in: _____

Date of separation: _____ Name of town married in: _____

Have dissolution papers been filed? YES _____ NO _____

If yes, what county?

Are any court dates scheduled? YES _____ NO _____

If yes, when?

I want this dissolution: YES _____ NO _____ UNSURE _____

I want maintenance/spousal support: YES _____ NO _____

I want my spouse to pay for attorneys' fees: YES _____ NO _____

I want joint custody of kids with spouse: YES _____ NO _____ Other: _____

My spouse and I are now: _____ Amicable _____ Do not get along _____ Potentially violent
_____ Violent _____ Intensely hostile _____ Other

Are there any urgent problems that require immediate attention? YES _____ NO _____

If yes, please specify: _____

During your marriage, has any abusive behavior, such as physical violence, financial or other misrepresentation, or fraud, adultery, or extreme mental cruelty occurred? If so, please explain:

What *specific results* would you like to achieve? _____

Thank you for taking the time to complete this document.

Bring completed form to reception desk.