

INITIAL CONSULTATION INFORMATION SHEET

PLEASE READ CAREFULLY AND SIGN BELOW

The purpose of an initial consultation is for the attorney to advise you, the prospective client, what, if anything, may be done for you, and what the minimum fee will be. The purpose is not to render a definitive legal opinion as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation.

One of three outcomes is possible following your consultation:

1. You and the Attorney mutually agree to the terms of representation and sign a Fee Agreement, OR
2. The Attorney declines representation, OR
3. You decide not to use the services of the Attorney.

Following your initial consultation, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign a Fee Agreement. The Fee Agreement will set forth the terms and conditions of the Attorney's representation.

If the Attorney is willing to represent you, but you do not retain the Attorney today, you are strongly urged to *immediately* consult with other legal counsel to protect your rights.

The Attorney's decision not to represent you should not be taken as an expression regarding the merits of your case.

NOTICE: THIS OFFICE DOES NOT REPRESENT YOU WITH REGARD TO THE MATTERS SET FORTH IN THE INFORMATION SHEET OR ANY MATTERS DISCUSSED DURING YOUR CONSULTATION, UNLESS AND UNTIL, BOTH YOU AND THE ATTORNEY EXECUTE A WRITTEN FEE AGREEMENT.

Your signature below acknowledges only that you received a copy of this information sheet, read and understood the contents, and does not mean that you have hired the Attorney.

SIGNATURE _____ DATE: _____

PRINTED NAME: _____

PLEASE PRINT CLEARLY

****CLIENT DATA**

YOUR NAME:

DATE: _____

DOB: _____

FIRST MIDDLE MAIDEN LAST

HOME ADDRESS:

STREET CITY STATE ZIP

SS#: _____ **FLORIDA RESIDENT SINCE (Month/Year):** _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

EMPLOYER NAME: _____ **OCCUPATION/TITLE:** _____

EMPLOYED HERE SINCE: _____ **INCOME PER YEAR: GROSS \$** _____ **NET:\$** _____

WORK ADDRESS:

STREET CITY STATE ZIP

HIGHEST GRADE COMPLETED: _____ **NAME OF SCHOOL:** _____

****SPOUSE OR OPPOSING PARTY'S DATA**

OTHER PARTY'S NAME:

DOB: _____

FIRST MIDDLE MAIDEN LAST

HOME ADDRESS:

STREET CITY STATE ZIP

SS#: _____ **FLORIDA RESIDENT SINCE (Month/Year):** _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

EMPLOYER NAME: _____ **OCCUPATION/TITLE:** _____

EMPLOYED HERE SINCE: _____ **INCOME PER YEAR: GROSS \$** _____ **NET:\$** _____

WORK ADDRESS:

STREET CITY STATE ZIP

HIGHEST GRADE COMPLETED: _____ **NAME OF SCHOOL:** _____

****TYPE OF LEGAL SERVICE(S):** Please circle ALL that apply.

UNCONTESTED DIVORCE
(Parties have agreed to settle ALL issues)

CONTESTED DIVORCE W/ NO AGREEMENTS
(At least ONE issue parties have not yet agreed upon)

ADOPTION

DOMESTIC VIOLENCE INJUNCTION

ALIMONY

CHILD SUPPORT

CUSTODY/PRIMARY RESIDENCE OF CHILD(REN)

PATERNITY

SHARED PARENTAL RESPONSIBILITY

SOLE PARENTAL RESPONSIBILITY

VISITATION

MODIFICATION OF FINAL JUDGMENT

OTHER SERVICE(S) NOT LISTED: _____

OTHER ISSUES I WOULD LIKE TO DISCUSS: _____

NUMBER OF PREVIOUS MARRIAGES: _____ DATE OF PRESENT MARRIAGE: _____

PLACE OF PRESENT MARRIAGE (City, State, County): _____

DATE OF SEPARATION (Month/day/year): _____ MARRIAGE COUNSELING SOUGHT? YES / NO

COUNTY/STATE AT SEPARATION: _____

Do you, the opposing party or children have any illnesses? YES / NO; If YES, then list the name and illness of the individual: _____

What properties do you own? _____

Other significant assets or debts? _____

What properties do you own? _____

My previous lawyers have been: _____

****IF YOU HAVE NO CHILDREN, THEN YOU NEED NOT COMPLETE THE REST OF THIS FORM****

TOTAL NUMBER OF YOUR CHILDREN: _____ NUMBER OF CHILDREN FROM THIS MARRIAGE / RELATIONSHIP: _____

NAME(S), DOB, & SOCIAL SECURITY NUMBER OF ALL YOUR CHILDREN:
(Complete on back if more space is needed.)

| <u>NAME</u> | <u>SEX</u> | <u>DOB</u> | <u>SOCIAL SECURITY NUMBER</u> | <u>PLACE OF BIRTH</u> |
|-------------|------------|------------|-------------------------------|-----------------------|
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INDICATE WHERE AND WITH WHICH PARENT THE CHILDREN AT ISSUE HAVE RESIDED DURING THE LAST FIVE (5) YEARS: (Complete on back if more space is needed.)

| <u>PERIOD OF TIME(Month/Year)</u> | <u>LOCATION(Street Address, City, State)</u> | <u>WITHWHOM</u> |
|-----------------------------------|--|-----------------|
| (EXAMPLE: 1/01 -12/01) | 101 Maple Street, Orlando, FL | Mom & Dad) |

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HAVE YOU PARTICIPATED IN ANY OTHER LITIGATION CONCERNING THE CUSTODY OF THE CHILDREN IN THIS STATE OR ANY OTHER STATE?(I.E. DEPENDENCY, ADOPTION, CUSTODY)

YES / NO; If YES, then when and where did litigation occur and what type of case was it? _____

DO YOU HAVE ANY INFORMATION OF ANY CUSTODY PROCEEDING PENDING IN A COURT OF THIS STATE OR ANY OTHER CONCERNING THE CHILDREN SUBJECT TO THIS PROCEEDING?

YES / NO; If YES, then when and where is litigation occurring and what type of case is it? _____

DO YOU KNOW ANY PERSON NOT A PARTY TO THIS PROCEEDING WHO HAS PHYSICAL CUSTODY OR CLAIMS THEY HAVE CUSTODY OR VISITATION RIGHTS WITH RESPECT TO THE CHILDREN IN THIS PROCEEDING?

YES / NO; If YES, then list the name and address of the individual: _____
