

DATE: \_\_\_\_\_

CONFLICT CHECK: \_\_\_\_\_

RETAINER: \_\_\_\_\_

## DEPENDENCY/SEVERANCE

### CLIENT INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Days & Hours You Work: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

### OPPOSING PARTY

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Days & Hours of Work: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

### CHILDREN

Name

Date of Birth

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

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Where/who do the children live now? \_\_\_\_\_

List the previous residence(s) and date of residence of each child during the last five years:

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### **NATURE OF ISSUE**

What is the issue for which you need assistance \_\_\_\_\_

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Are there any court orders in effect regarding these issues: Yes No

if yes, list the court(s) and case number(s):

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Are there any court dates scheduled? ? Yes No

if yes, state the date and time of the hearing:

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### **REFERRALS**

Name, Address and Telephone Number of Person who referred you:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name, Address and Telephone Number of Nearest Relative or Friend NOT living with you:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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DATE

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SIGNATURE