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In order for us to help you and save you some money, please take a moment to fill out and return the questionnaire. Please answer questions which apply to your issues. We will review your responses and contact you to set up an appointment.

PRELIMINARY INTAKE

Date: _____ Referred by _____
Name: _____
Street Address (not P.O. Box) _____
Home Phone _____ Spouse or Partner's Name _____
Cell Phone/Pager: _____ Spouse or Partner's Employer _____
Work Phone: _____ Spouse or Partner's Work Number: _____
Employer: _____
E-Mail Address (home) _____ E-mail Address(work) _____
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DIVORCE

When were you married? _____ Where were you married? _____
When did you separate? _____
Number of Previous Marriages by wife _____ Number of Previous Marriages by Husband _____
Names and Birth Dates of any minor children: _____

Who has custody of the minor children? _____
Briefly explain why you want a divorce. If your spouse has filed a divorce against you, please indicate when you were given papers concerning it?

What types of assets do you have? (Eg. House, cars, stock accounts, bank accounts etc.) _____

What types and how much debt do you and your spouse have? (Eg. Mortgage, car note, loans, credit card debt etc.) _____

Are there any children from another relationship for whom either spouse is obligated to pay support for? If so what are their birth dates and how much support is there ordered to be paid?

Will custody be an issue? _____

Has there been any domestic violence?_____. By whom? _____ If
so, is there a restraining order in place or have criminal charges been filed?_____
Is there a prenuptial agreement?_____
Are you or your spouse pregnant?_____

OFFICE USE ONLY

Advised of Consult Fee: Yes___ No_____ Cost of Consultation_____:

Questionnaire Needed: Removal/Termination _____Non-Termination General Intake_____
EEO and Comp Damages forms_____; Consequential Damages_____:

Referred to Web Page_____ Sent /Pickup Date_____:

Appointment Scheduled:

(Following Questionnaire Return)

Date:_____ Time:_____

Disposition_____ Any other Info:_____

Once you have completed the questionnaire, please fax to our office at (404) 636 8711