Family Client Information Sheet

Note: Please also complete the Consultation Information Sheet.

1. Have you been served with papers yet? YES NO When? _____

2. Please provide the following information on your **Spouse or Other Parent**:

Name: _____ E-Mail Address: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Employer: _____
Place of Employment

Address: _____
Street City State Zip Code

Date of Birth: _____ Social Security Number: _____

Drivers License Number and State Issued: _____

3. How long have **YOU** lived in Colorado? _____Years _____ Months

4. How long has **YOUR SPOUSE** lived in Colorado? _____ Years _____ Months

5. Are you or your spouse in the military? YES NO

   If yes, please provide the following information:

   Who is in the service? YOU SPOUSE

   How many years of service? _____

   Branch of service? _____

6. Date of marriage: _____

7. Place of marriage: _____

8. Date of separation: _____

9. Is wife pregnant? YES NO

   If yes, due date: _____

10. Do you own any real property (house or land?) YES NO (If yes, please answer the following.)

    How is it titled? _____

    Complete address: _____
    Street City State Zip Code

    Is this your family home? YES NO If no, what is it?_____

11. Do you or your spouse receive any aid from the Dept of Human Services or the Dept of Social Services (i.e. AFDC, Food Stamps, etc.)? YES NO (If yes, please answer the following.)

    Who receives benefits: _____

    From which County or State: _____

    Case No. _____

12. With reference to the Children involved in this action, please provide the following information as to each child who is of this relationship or legally adopted:

    Child's Legal Name: _____ M F

    Address: _____
    Street City State Zip Code

    Date of Birth: _____ Current Age: _____ Social Security Number: _____

    Child's Legal Name: _____ M F

    Address: _____
    Street City State Zip Code

    Date of Birth: _____ Current Age: _____ Social Security Number: _____

    Child's Legal Name: _____ M F

    Address: _____
    Street City State Zip Code

    Date of Birth: _____ Current Age: _____ Social Security Number: _____

13. If any of the children listed in #12 above have lived at a different address in the past FIVE years, please list all addresses for each child and with whom they have lived if different from you or your spouse.

    Which Child(ren): _____

    Address at which they resided (include city, state, zip):

    _____
    Street City State Zip Code

    With whom did they live if not with Mom or Dad?

    _____

14. Have any restraining orders been issued against either party? YES NO

15. If yes, please check one below:

Temporary Restraining Order Permanent Restraining Order

County_____ State _____

Case No.: _____

Is there a pending hearing date? YES NO

If yes, when? _____

What is the subject matter of the Restraining Order?

16. Does wife want to take back maiden name? YES NO

If yes, print name: _____

17. Are there any agreements between the parties? YES NO

If yes, please list:

THE FIRST 60 MINUTES OF THE INITIAL CONSULTATION IS $200. ANY TIME EXCEEDING THE FIRST 60 MINUTES WILL BE BILLED AT A RATE OF $250/HOUR (OR $230/HOUR FOR ACTIVE DUTY MILITARY). YOU WILL RECEIVE A STATEMENT FOR ADDITIONAL CHARGES. This consultation does not constitute representation by an attorney beyond today's initial paid consultation. To enter an attorney / client relationship after today's consultation, you must sign a fee agreement and provide the Firm a retainer. Without a signed fee agreement and retainer, the Firm will not perform any further legal services on your behalf. By signing here, you acknowledge that the information you provided is accurate and that you have read this entire document.

_____ **(Please read above)**
Signature