

New Client Intake Form

Please fill out this form and either email it or bring it to your appointment. You may save it to your device.

Date: _____

Full name: _____

Address: _____

Mailing Address (if different from above): _____

Home phone: _____ Cell phone: _____

Work phone: _____ Fax number: _____

Email address: _____

Date of Birth: _____ Age: _____

Social Security Number: _____ Driver's License Number: _____

This consultation is regarding:

- Divorce Child Support Custody/Time-share/Visitation Paternity
- Legal Separation Dissolution of Registered Domestic Partnership Personal Injury
- Modification of Prior Orders Other _____

Date of marriage: _____ City & State of Marriage: _____

Date of separation: _____

Has there been domestic violence? Yes No

Are any domestic violence/protective orders in effect? Yes No

Would you like your maiden name restored? If so, please list full name: _____

How did you hear about our office? Google Yahoo Lawyers.com Yellowbook

Avvo.com LinkedIn Facebook

Personal Referral – Who may we thank?: _____

Other (please specify) _____

Education

Education Level Completed: GED H.S. Diploma AS/AA BA/BS MA/MS JD

Highest Degree/Diploma: _____

Name of school where highest education level was completed: _____

Currently: Employed Unemployed Stay-At-Home Parent Student

If employed, please fill out the following:

Employer: _____

Address: _____

Occupation: _____

Salary: _____ per hour _____ per month _____ bi-weekly

Work Schedule (Days & Times): _____

Do you currently have health insurance for yourself and your dependants through your employer?
Yes No If yes, name of insurance carrier: _____

Dependants/Minor children

Name: _____ Birthdate: _____ Age: _____ Sex: _____

Birthplace: _____

Name: _____ Birthdate: _____ Age: _____ Sex: _____

Birthplace: _____

Name: _____ Birthdate: _____ Age: _____ Sex: _____

Birthplace: _____

Current Parenting Arrangement: _____

Opposing Party

Full name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax number: _____

Email: _____

Date of Birth: _____ Age: _____

Social Security Number: _____ Driver's License Number: _____

Opposing Party Currently: Employed Unemployed Stay-At-Home Parent Student

If employed, please fill out the following:

Opposing Party's Employer: _____

Address of Employer: _____

Occupation of Opposing Party: _____

Salary: _____ per hour _____ per month _____ bi-weekly

Work Schedule (Days & Times): _____

California law requires the disclosure of all addresses where the children have lived for the last five (5) years. Please list all such addresses starting with the most recent.

Address: _____

Dates at residence: _____

Person children lived with: _____ Relationship: _____

Address: _____

Dates at residence: _____

Person children lived with: _____ Relationship: _____

Address: _____

Dates at residence: _____

Person children lived with: _____ Relationship: _____

Address: _____

Dates at residence: _____

Person children lived with: _____ Relationship: _____

Former Attorneys on this Matter? Yes No

If yes, please provide: Name: _____ Phone: _____