

Office Use Only:

Date: _____

Interviewer: _____

Retainer: _____

How did the client hear from us: Prior Client/ Attorney Referral/ Internet/ Business Card @ Business: _____ / Other: _____

Thank you for choosing to seek an initial consultation with *Perez-Calhoun Law Firm, P.A.* Please read the following instructions, and then, complete the intake:

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence. This firm will not represent you with regards to the matters set forth by you herein on this intake form or discussed during your consultation, **unless and until**, both you and the Attorney execute a written Agreement for Representation. If the Attorney does not agree to represent you, you should not take this as an expression regarding the merits of your case. If you decide not to retain the services of this firm for legal representation at this time and your legal problem(s) involve a potential lawsuit, you are strongly urged to either schedule another appointment with us at the earliest possible time or immediately consult with other legal counsel to protect your rights for filing a lawsuit within a certain period of time called the Statute of Limitations.

A. TYPE OF CASE

Divorce Alimony Custody Paternity

Child Support Adoption Domestic Injunction

Modification Relocation Contempt

Other – Please explain briefly: _____

B. CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____ Fax Number: _____

Driver's License Number: _____ CELL NO.: _____

Employer's Name (if any): _____

Job Title: _____ Date of Employment: _____

Salary: \$ _____ weekly/biweekly/twice a month/monthly/weekly (circle one)

Did you file taxes for the most recent year? ____/ Joint or single return? _____

EMAIL: _____

How did you hear about our office? _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) _____

NAME OF OPPOSING PARTY: _____

Is there a case already filed? ____Yes/____No If Yes, what County? _____

Case No.: _____ When were you served? _____

Name(s) of any prior attorneys that have represented you? _____

Does the other party represented by an attorney? YES/ NO: Name: _____
Are there any pending or upcoming Court Dates? Yes/ No. Date: _____
ARE YOU MILITARY OR HAVE BEEN IN THE MILITARY IN THE LAST YEAR? _____/
WHEN? _____

Describe briefly the reason for your visit: _____

[If you need use the back page]

C. SPOUSE'S/OTHER PARENT INFORMATION:

Name: _____ Soc. Sec. No.: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ DOB: _____ State of Birth: _____
Telephone Number: _____ Facsimile Number: _____
E-mail Address: _____ Driver's License Number: _____

Is spouse represented by counsel in this matter? Yes No - If yes, complete the following:

Spouse's Attorney: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____

Employer's Name (if any): _____
Employer's Address: _____
Date of Employment: _____ Occupation: _____
Salary: \$ _____ weekly/biweekly/twice a month/monthly/weekly (circle one)

D. MARITAL INFORMATION:

Date of Marriage: _____

Place of Marriage: _____
(Please provide a marriage certificate)

Are you and your spouse currently living together? Yes No

If not, then Date of Separation: _____

Do you have an interest in reconciliation? Yes No

To the best of your knowledge, does your spouse want reconciliation? Yes No

Have you both filed for divorce previously? Yes No

Describe the circumstances that caused your separation: **[If you need use the back page]**

Any history of domestic violence? ___NO/ ___If yes, Explain: _____

Any History of alcohol abuse and/or drug use? ___NO/ ___If yes, Explain: _____

E. If never married?

Are you still living together? _____

Date of Separation? _____

Any property purchased together? _____

[If you need more space write on the back & list any mortgages tied to the properties]

Any Debt together? _____

F. CHILDREN'S INFORMATION (from this marriage or this relationship):

Name:	SSNo.:	Place of Birth:	Date of Birth:	Living With:	Sex:
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F

Is the wife currently pregnant? ___ No ___ Yes; date child is due: _____

Were any of the above children adopted? ___ No ___ Yes; which one: _____

UCCJEA Information:

If any of the children have resided with anyone other than you and your spouse during the last five (5) years, please complete the following information: [you may use the back of the page for further information]

Name of Custodian:	Address:	Dates Resided with:

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependancy or guardianship, concerning custody or visitation of any child subject to this proceeding? ___ No ___ Yes - If Yes, please describe: _____

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding ___ No ___ Yes - If Yes, please describe: _____

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? ___ No ___ Yes - If Yes, please describe: _____

G. MARITAL ASSETS AND LIABITIESS

1. Assets [If you need use the back page]

	Description [Bank Name/type account]	Value/ Balance	Who has possession?	Is it a joint or single. If single, whose name?	What do you want to happen with this item?
Automobiles					
Checking Accounts					
Saving Accounts					
Other type Bank Account?					
Retirement 401k					
Stocks					
Real Estate Marital Home					
Other Real Estate					
Contents of Home					

2. LIABILITIES: [If you need use the back page]

Description	Account #	Balance	Monthly payment	Is it current?	Is it a joint account or single. If single, whose name?

H. Miscellaneous:

Are there any immigration issues? _____

Are there any foreclosure issues? _____

Have you or your spouse or partner ever been Baker Acted? ___ No ___ Yes - If Yes, please describe:

Are you or your spouse disabled? ___ No ___ Yes - If Yes, please describe: _____

Do you have a Will? _____ If so, do you wish it to be reviewed? _____
 (If so, please return a copy of the Will with this completed form.)

Do you have a Power of Attorney? _____