

Initial Client Consultation Interview Form -DOM

The purpose of an initial consultation is for the attorney to advise you, the *prospective* client what, if anything, may be done for you, and what the minimum fee therefore will be. *The purpose is not to render a definitive legal opinion* as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the (information or documents) that you may be able to provide at the initial consultation.

One of three outcomes is possible following your consultation.

A. You and the Attorney mutually agree to the terms of representation.

B. The Attorney declines representation, or

C. You decide not to use the services of the Attorney.

Note: The following questions will help us to understand the reason for your consultation today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

PERSONAL INFORMATION (Attach copy of your Drivers License)

1. FULL NAME: _____

2. SOCIAL SECURITY NUMBER: _____

3. MAIDEN NAME (if applicable): _____

4. DATE OF BIRTH (month/date/year): _____

5. DATE OF MARRIAGE: _____

6. PLACE OF MARRIAGE: _____
(city) (state) (county)

7. DATE OF SEPARATION: (if not applicable, please so indicate) _____
(month / date / year)

8. HOME ADDRESS: _____
(street number & name) (city) (state) (zip) (county)

12. MAILING ADDRESS: _____
(street number & name) (city) (state) (zip)

13. PHONE NUMBER: _____
(home) (work) (cell)

14. E-MAIL ADDRESS*: _____

***We contact clients primarily through e-mail.**

EMPLOYER NAME: _____

15. EMPLOYER ADDRESS: _____
(street number & name) (city) (state) (zip) (county)

16. JOB TITLE: _____

17. ANNUAL INCOME: _____

INFORMATION ABOUT YOUR SPOUSE

1. FULL NAME OF SPOUSE: _____
2. SPOUSE’S MAIDEN NAME (if applicable): _____

3. SOCIAL SECURITY NUMBER OF SPOUSE: _____
4. SPOUSE’S DATE OF BIRTH (month/date/year): _____
5. SPOUSE’S E-MAIL ADDRESS: _____
6. FULL NAME AND ADDRESS OF SPOUSE’S COUNSEL: (if your spouse is representing him/herself, or if you do not know whether your spouse has counsel, please so indicate):

7. ADDRESS OF SPOUSE: _____
(street number & name) (city) (state) (zip) (county)
8. NAME OF SPOUSE’S EMPLOYER: _____
9. ADDRESS OF SPOUSE’S EMPLOYER: _____
(street number & name) (city) (state) (zip)
10. ANNUAL INCOME: _____

INFORMATION ABOUT YOUR CHILD(REN)

Name(s), **ADDRESSES FOR THE LAST 5 YEARS**, Place of Birth, SSN(s), Date(s) of birth

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

PRIOR LEGAL PROCEEDINGS

1. Are there now or have there ever been any Domestic Violence Civil Injunctions, Stay Away or No Contact Orders (Restraining Orders) between you and your spouse?
YES / NO
 - a. If so, from what court? _____
 - b. When was the most recent order entered? _____
 - c. What is the expiration date of that order? _____

2. Have there been any other court actions between you and your spouse? YES / NO
 - a. If so, in what court? _____
 - b. What orders has that court entered? _____

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3. Has the Department of Children and Families been involved with you, your spouse or any child(ren) at issue? If so, when and why? YES / NO

Ideally, if things turn out precisely the way you wish, what would the outcome be?

Knowing that there are no guarantees, what will you accept?

IMPORTANT DOCUMENTS

Please be prepared to provide us as soon as possible the following documents:

1. Your Income Tax Returns from the three (3) most recent years;
2. 3 months of your most recent pay stubs;
3. **ASSETS** (cars, checking or savings accounts, pension, 401k, real property etc.);
4. **LIABILITIES** (credit card account(s), mortgage(s), loan(s), judgments or liens etc.)
5. **A COPY OF YOUR DRIVER'S LICENSE**

MANDATORY PARENTING COURSE

A Florida court will only enter a final judgment in your divorce, paternity or time-sharing case when you finish a parenting class and file a completion certificate with the court. You can take your class online TODAY and get your certificate TODAY! Your certificate is emailed to you when you finish the parent education class.

<https://www.flaparent.com/>

Upon successful completion, please send me your original certificate of completion.

If your mail is returned as undeliverable or your telephone service terminated, please provide the name of someone (friend or relative) you believe will always know how to contact you.

Name _____ Relationship _____

Address _____ Phone No. (____) _____

City _____ State & Zip _____

How did you learn of our office? A friend Yellow Pages Bar Referral
 Our Web Page Former client Other
