

**LAW OFFICE OF DAVID M. GOLDMAN, PLLC**  
**Family Law**  
**Initial Client Consultation Interview Form**

Case Type: \_\_\_\_\_

Consult Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Circle Referral Type:

Attorney Referral	Blog	Website	Seminars/Expos
Client	Employee Referral	Newsletter	Social Networking
Client Referral	Walk-In	Newspaper Ad	Other

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, (After a separate document called an Agreement for Representation is signed and a copy provided to you); or
- b. The Attorney declines to represent you; 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 visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

**A. CLIENT INFORMATION:**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ DOB: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Prefer calls to: \_\_\_\_\_ DO NOT CALL: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Drivers License No.:** \_\_\_\_\_

Are you known by any other names (a fictitious name, a nickname, a former name, your maiden name, etc.)  
\_\_\_\_\_

Date of residency at current address: \_\_\_\_\_

List any previous residences in the past five (5) years, and dates resided in each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your mail is returned undeliverable, if your telephone service is terminated, or we are otherwise unable to reach you, please provide the name of someone (friend or relative) you believe will always know how to contact you:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employer's Name** (if any): \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_

May we contact you at your place of employment [  ] Yes [  ] No

Phone No.: \_\_\_\_\_ Extension: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross Pay: \$ \_\_\_\_\_ weekly / biweekly / twice a month / monthly / yearly (circle one)

Total Income for preceding year: \_\_\_\_\_

(Indicate whether it is sole income or joint with spouse)

Are we the first attorneys you have consulted regarding this matter?

[  ] Yes [  ] No

If No, why didn't you hire their services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Spouse / Opposing Party Information (IF this is a dependency action related to a DCF investigation explain in detail what happened in the space at the end of the form):**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ DOB: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Prefer calls to: \_\_\_\_\_ DO NOT CALL: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Drivers License No.: \_\_\_\_\_

Is spouse represented by counsel in this matter? [ ] Yes [ ] No – If Yes, complete the following:

Spouse's Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Employer's Name (if any): \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross Pay: \$\_\_\_\_\_ weekly / biweekly / twice a month / monthly / yearly (circle one)

Has your spouse or the opposing party been known by any other names (maiden name, previous married names, fictitious name, nickname, etc.)? Please list: \_\_\_\_\_

\_\_\_\_\_

Where can spouse/opposing party best be served (home/work): \_\_\_\_\_

Best time to serve spouse: \_\_\_\_\_

**C. Marital Information:**

**Date of Marriage:** \_\_\_\_\_ **Place of marriage:** \_\_\_\_\_

(Please provide a marriage certificate)

Are you currently living together? [ ] Yes [ ] No

If No, date of separation: \_\_\_\_\_

**D. Children's Information:**

<b>Name:</b>	<b>Current or Previous Marriage:</b>	<b>SSN:</b>	<b>Place of Birth:</b>	<b>Date of Birth</b>	<b>Living With:</b>	<b>Sex:</b>
						<b>M / F</b>
						<b>M / F</b>
						<b>M / F</b>

Is the mother currently pregnant? [ ] No [ ] Yes; If Yes, date child is due: \_\_\_\_\_

**UCCJEA Information:**

If any of the children have resided with anyone other than you and their other parent during the last five (5) years, please complete the following information:

<b>Name of Custodian</b>	<b>Address:</b>	<b>Dates Resided With:</b>

**E. Miscellaneous Information:**

Briefly explain what you may need advice about or assistance with today: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there other individuals involved? (Examples: a friend, an employer, a neighbor, signor of a contract, etc. This should include people on either side of your issue.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you own property (house, cars, land, stock, etc.)? \_\_\_\_\_

\_\_\_\_\_

How is the property titled and with whom (e.g., joint with spouse): \_\_\_\_\_

\_\_\_\_\_

Ideally, if things turn out precisely the way you want, what would the outcome be? \_\_\_\_\_

\_\_\_\_\_

Have you and your spouse (or other parent) agreed upon terms yet? \_\_\_\_\_

What are the terms agreed upon, if any? \_\_\_\_\_

\_\_\_\_\_

Does your spouse (or other parent) know you are here? \_\_\_\_\_

**WHO ARE THE OTHER PROVIDERS OF PROFESSIONAL SERVICES THAT YOU HAVE A RELATIONSHIP WITH?**

<b><u>PROFESSION</u></b>	<b><u>NAME</u></b>	<b><u>PHONE #</u></b>
Accountant	_____	_____
Banker	_____	_____
Investment Banker	_____	_____
Commercial Banker	_____	_____
Clergy	_____	_____
CEO	_____	_____
CFO	_____	_____
Financial Advisor	_____	_____
Financial Planner	_____	_____
Investment Counselor	_____	_____
Insurance Agent	_____	_____
Automotive Mechanic	_____	_____
Automotive Sales	_____	_____
Realtor (Residential)	_____	_____
Realtor (Commercial)	_____	_____
Reporters	_____	_____
Journalists	_____	_____
Professors	_____	_____
Teachers	_____	_____
Trade Assn Executives	_____	_____
Restaurant Owners	_____	_____
Business Owners	_____	_____

