

WEST, WEBB, ALLBRITTON & GENTRY, PC

Family Law Consultation Form

Date: _____

Your information:

Full Legal Name: _____
(Last) (First) (Middle)

Maiden Name: _____

Social Security Number: ____-____-____ Date of Birth: ____/____/____

Driver's License Number: _____ Issuing State: _____

Place of Birth: _____ Race: _____
(City) (State)

Home Address: _____ County: _____

How long in this county: _____ Home Phone: _____ Cell Phone: _____

Billing Address (if Different): _____

Safe Email Address: _____

List social media accounts (ex. Facebook, Twitter, Instagram): _____

How would you like to receive a monthly invoice? Email ____ Regular Mail ____

Occupation: _____ Approximate Annual Income: _____

Employer (place and address): _____

Work Phone: _____ Work Fax #: _____ Work Contact: _____

Preferred Phone Contact: ____ Cell ____ Work ____ Home

Preferred Mailing Address: _____

Do you prefer to be contacted by email? ____ yes ____ no

Current Automobile: _____
(make) (model) (color) (license plate #)

Type of Case

- Divorce
- Modification – Custody, Possession and Access
- Modification - Support
- Other: _____

*Filling out this form does not create an attorney-client relationship.
No portion of this form is intended to be legal advice.*

Opposing Party/ Other Parent's Information

Full Legal Name: _____
(Last) (First) (Middle)

Maiden Name: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Driver's License Number _____ Issuing State: _____

Place of Birth: _____ Race: _____
(City) (State)

Home Address: _____ County: _____

How long in this county: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

List social media accounts (ex. Facebook, Twitter, Instagram): _____

Occupation: _____ Approximate Annual Income: _____

Employer (place and address): _____

Work Phone: _____ Work Fax #: _____ Work Contact: _____

Current Automobile: _____
(make) (model) (color) (license plate #)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Glasses?: _____

Beard? : _____ Other defining features: _____

Marriage Information

Date of Marriage: ____ / ____ / ____ Place of Marriage: _____
City, State

Date of Separation: ____ / ____ / ____ Date of Divorce (if applicable): ____ / ____ / ____

Restore Wife's Maiden Name: ____ Yes ____ No

Children

Full Legal Name	Birth Date	Sex	Birth Place	SSN#	Child of the Marriage?
					yes no
					yes no
					yes no
					yes no
					yes no
					yes no

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Children's Health Insurance

Health Insurance Co. _____ Policy: _____ Monthly Cost: _____

Source:

- Mother's Employer
- Father's Employer
- CHIP
- Medicaid
- Other: _____
- None
- Private, Who Pays? _____

Please bring this form with you to your first meeting. Filling out this form does not create an attorney-client relationship. This form does not provide legal advice.

<p><u>Office Use</u></p> <p>Referred By: _____</p> <p>Obtained By: _____</p> <p>Attorney: _____</p> <p>Paralegal: _____</p> <p>Type of Case: _____</p> <p>Date of Initial Consultation: _____</p> <p style="padding-left: 100px;">____ In Office ____ By Phone</p> <p>Retainer: _____</p> <p>Form Completed By: _____</p> <p>Client Number: _____</p>
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