



ENVISION

FAMILY LAW

Client: _____

Attorney: _____

Date: _____ Time: _____

Thank you for choosing us.
We are dedicated to serving you.

NAME			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Maiden</i>
MAILING ADDRESS			
<i>Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
PHYSICAL ADDRESS (if different from above)			
<i>Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
HOME PHONE		CELL PHONE	
EMAIL ADDRESS(ES)			
<i>1)</i>		<i>2)</i>	
DATE OF BIRTH	AGE	JOB TITLE	
EMPLOYER'S NAME		WORK PHONE	
EMPLOYER'S ADDRESS			
<i>Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
EMERGENCY CONTACT			
<i>Name</i>		<i>Phone Number</i>	<i>Relationship</i>
<i>Please state the reason(s) you require legal representation.</i>			

Have you consulted with any other attorneys about this issue? N - <input type="checkbox"/> // Y - <input type="checkbox"/>			
If yes, with whom have you consulted?			
How did you first hear about our firm? (Please mark all that apply)			
<input type="checkbox"/> Avvo	<input type="checkbox"/> Google	<input type="checkbox"/> Yelp	<input type="checkbox"/> Bing
Referred by Attorney : _____		Referred by Friend : _____	
Other : _____			
How did you make your final decision to visit our firm? (Please mark all that apply)			
<input type="checkbox"/> Avvo	<input type="checkbox"/> Google	<input type="checkbox"/> Yelp	<input type="checkbox"/> Bing
Referred by Attorney : _____		Referred by Friend : _____	
Other : _____			



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Client: _____

Attorney: _____

Date: _____ Time: _____

SSN	DRIVER LICENSE #
MONTHLY INCOME <i>Net Monthly Income</i> <i>Gross Monthly Income</i>	
DATE OF MARRIAGE	CITY & STATE OF MARRIAGE
DATE OF <i>SEPARATION / DIVORCE / NOT SEPARATED</i> (Please circle one and provide a date.)	

OPPOSING PARTY'S NAME <i>First Last Middle Maiden</i>			
MAILING ADDRESS <i>Street City State Zip</i>			
PHYSICAL ADDRESS (if different from above) <i>Street City State Zip</i>			
HOME PHONE		CELL PHONE	
EMAIL ADDRESS(ES)			
SSN		DRIVER LICENSE #	
DATE OF BIRTH		STATE OF BIRTH	
EMPLOYER'S NAME		WORK PHONE	
EMPLOYER'S ADDRESS			
MONTHLY INCOME <i>Net Monthly Income</i> <i>Gross Monthly Income</i>			

RACE	HEIGHT
WEIGHT	EYE COLOR
IDENTIFYING MARKS (all that apply) <i>Tattoo(s) Piercing(s) Other(s)</i>	
VEHICLE DESCRIPTION <i>Make Model Year Color</i>	
LICENSE PLATE #	



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CHILD 1				
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>DOB</i>	<i>SSN</i>
CHILD 2				
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>DOB</i>	<i>SSN</i>
CHILD 3				
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>DOB</i>	<i>SSN</i>
CHILD 4				
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>DOB</i>	<i>SSN</i>
Do you rely on third party childcare assistance? N - <input type="checkbox"/> // Y - <input type="checkbox"/>				
If yes, please provide: <i>Name of Provider or Facility</i> <i>Phone</i> <i>Monthly Cost (if any)</i>				
If any of the children are of schooling age, please provide:				
<i>Child's Name</i>	<i>School Name</i>		<i>School Phone</i>	
<i>Child's Name</i>	<i>School Name</i>		<i>School Phone</i>	
<i>Child's Name</i>	<i>School Name</i>		<i>School Phone</i>	
<i>Child's Name</i>	<i>School Name</i>		<i>School Phone</i>	
Do you have health insurance? N - <input type="checkbox"/> // Y - <input type="checkbox"/>			Special needs of any children?	

Are there any previous or pending court actions? N - <input type="checkbox"/> // Y - <input type="checkbox"/>		
If yes, please provide: <i>Court of Record</i> <i>Case Number(s)</i> <i>Opposing Counsel</i>		
Have there been allegations of substance abuse or domestic violence? N - <input type="checkbox"/> // Y - <input type="checkbox"/>		
If yes, please provide a brief description:		
Have CPS or law enforcement been involved? N - <input type="checkbox"/> // Y - <input type="checkbox"/>		
If yes, please provide a brief description:		

Please address any other concerns or issues you would like to discuss.
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