

CLIENT INTAKE FORM INSTRUCTIONS – FAMILY LAW - DIVORCE

Please complete this form as fully and accurately as possible. If you do not know the answer please place a question mark (?) in the space. If you know someone who knows the information please put their name in the space.

If at any time you need to update or correct the information please let my office know.

Information provided on this form is confidential and intended for the use by your attorney. It is protected by the attorney-client privilege, even if you choose not to retain my services, even where representation is never undertaken.

CLIENT CONSULTATION MEETING

Please note that the first 30 minutes of your first consultation meeting with my office is free. For any time beyond the first 30 minutes, you will be charged at the hourly rate

\$ 250/hour;

Retainer: \$ _____

No Attorney-Client Relationship Created by Use of this Form:

Completing this form does not create an attorney-client relationship between you and William T. Tanner. Only a ***signed engagement letter*** creates an attorney-client relationship. I must first investigate for possible conflicts of interests (for example, I may already represent another party involved in your matter).

CLIENT INTAKE FORM – DIVORCE

PERSONAL INFORMATION

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. ADDRESS WHERE YOU LAST LIVED TOGETHER WITH SPOUSE:

(street number & name) (city) (state) (zip) (county)
9. DATE WHEN BREAKDOWN OF MARRIAGE OCCURED: _____
(month / date / year)
10. NUMBER OF THIS MARRIAGE FOR YOU (e.g.: 1st, 2nd, etc.): _____
11. 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. If you would like to be contacted in another manner, please specify:** _____
15. EMPLOYER NAME: _____
16. EMPLOYER ADDRESS: _____
(street number & name) (city) (state) (zip) (county)
17. JOB TITLE: _____
18. ANNUAL INCOME: _____
19. DO YOU HAVE HEALTH INSURANCE? YES / NO
20. HEALTH INSURANCE PROVIDER: _____

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. FULL NAME AND ADDRESS OF SPOUSE'S ATTORNEY: (*if your spouse is representing him/herself, or if you do not know whether your spouse has an attorney, please so indicate*):

6. NUMBER OF THIS MARRIAGE FOR SPOUSE (*e.g.: 1st, 2nd, etc.*): _____
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)

FULL NAMES AND BIRTH DATES OF ALL CHILDREN BORN TO OR ADOPTED BY YOU OR YOUR SPOUSE, INCLUDING ANY CHILD WHOSE FATHER/MOTHER IS NOT YOUR SPOUSE (*if any child is adopted, born to you but not to your spouse, born to your spouse but not to you, or if the relationship otherwise requires explanation, please so explain*):

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

SPECIAL CONCERNS

1. Please describe any health concerns you or your child(ren) might have:

Law Office of William T. Tanner

IMPORTANT DOCUMENTS

If you retain the services of William T. Tanner, please provide to us as soon as possible documents relevant to the issues in your case.