



**KESSLER &
SOLOMIANY**
FAMILY LAW ATTORNEYS

CENTENIAL TOWER
101 MARIETTA STREET
SUITE 3500
ATLANTA, GEORGIA 30303
404.688.8810
404.681.2205 (FAX)
WWW.KSFAMILYLAW.COM

Confidential Information Sheet

1. YOUR PERSONAL INFORMATION:

Date: _____ Full Name: _____
Maiden Name: _____ Soc. Sec. No.: _____
Place and Date of Birth: _____

Confidential Address - all correspondence from this office will be sent to this address - be sure it is secure:

(Do not list an address where mail could be retrieved by the other party or anyone else; rather, give us a safe address, or call us later when you obtain a secure address such as a PO Box).

Street

City State Zip

County of Home Address: _____

Lived at Address Since: _____

Full Work Address: _____

Street

City State Zip

Telephone Numbers:

(*Do not list a number or email address where calls, faxes, emails or pages could be received by the other party or anyone you do not want receiving them; rather, give a safe number or email address, or call us later when you obtain such safe contact information. We **STRONGLY** suggest that you create a new email account with a new password for any communications with us).
(only list "safe" numbers)

Home: (____) _____ Cell Phone: (____) _____

Work: (____) _____ Facsimile: (____) _____

Email: _____

Please indicate any directions or restrictions in calling you or sending you email: _____

Who referred you to our office: _____

If this individual is an attorney or other professional, to what firm/practice does he/she belong: _____

Can we send a thank you letter to the person who referred you to our office: _____

PLEASE LIST ALL HOME ADDRESSES FOR THE PAST (6) YEARS:

Dates lived at: _____

Street

City

State

Zip

Dates lived at: _____

Street

City

State

Zip

2. REASON FOR CONSULTATION: _____

3. INFORMATION ABOUT OPPOSING PARTY:

Full Name: _____ Maiden Name: _____

Place and Date of Birth: _____ Soc. Sec. No.: _____

Home Address: _____

Street

City

State

Zip

County of Home Address: _____

Lived at Address Since: _____

Home: (____) _____ Cell Phone: (____) _____

Work: (____) _____ Facsimile: (____) _____

4. HISTORY OF THIS MARRIAGE OR LAST MARRIAGE (AS APPLICABLE)

Date of Marriage: _____

Place of Marriage: _____

This is your _____ Marriage (1ST, 2ND, ETC)

This is your spouse's _____ Marriage

Are you and your spouse currently living together?: _____

If no, what is the date of separation?: _____

When was the last time you had sexual relations with your spouse?: _____

If separated, where have you lived since the separation?:

Street

City

State

Zip

Other than what is listed above, have you and your spouse lived together continuously throughout the marriage?: _____

If not, please explain: _____

5. INFORMATION ABOUT YOUR CHILDREN:

Children of this marriage (if applicable):

Name: _____ Birthdate: ____/____/____ Soc. Security No.: _____

Name: _____ Birthdate: ____/____/____ Soc. Security No.: _____

Name: _____ Birthdate: ____/____/____ Soc. Security No.: _____

Name: _____ Birthdate: ____/____/____ Soc. Security No.: _____

Children living with you but not of this marriage (if applicable):

Name: _____ Birthdate: ____/____/____ Soc. Security No.: _____

Name: _____ Birthdate: ____/____/____ Soc. Security No.: _____

Name: _____ Birthdate: ____/____/____ Soc. Security No.: _____

Name: _____ Birthdate: ____/____/____ Soc. Security No.: _____

Addresses at which children have lived for the past five years and with whom they have lived:

Street

City

State

Zip

Do any of the children have any physical or other problems that will be a factor in this case (i.e. learning disability, physical impairment, etc.)?: _____

Do you anticipate a dispute about the custody of the children?: _____

If so, do you request joint or sole custody?: _____

6. INFORMATION ABOUT YOUR EMPLOYMENT:

Name of employer: _____

Employer address:

_____ Street

_____ City

_____ State

_____ Zip

Job title: _____

Nature of job: _____

Employed since: _____

Gross annual income: \$ _____

Please state your educational and vocational training (include number of years you attended high school and college, if applicable): _____

7. INFORMATION ABOUT OPPOSING PARTY'S EMPLOYMENT:

Name of employer: _____

Employer address:

_____ Street

_____ City

_____ State

_____ Zip

Job title: _____

Nature of job: _____

Employed since: _____

Gross annual income: \$ _____

Please state your spouse's educational and vocational training (include number of years he or she attended high school and college, if applicable): _____

8. INFORMATION ABOUT PRIOR MARRIAGES:

If you and/or the opposing party have any prior marriage(s), state the name(s) if the prior spouse(s) and how, when and where the prior marriage(s) terminated: _____

If you and/or the opposing party have any children from any prior marriage(s), please list the names and ages of any child(ren) and state with whom the child(ren) and any support paid by you or your spouse for their benefit:

Name: _____ State _____ Support Amount: \$ _____
Name: _____ State _____ Support Amount: \$ _____
Name: _____ State _____ Support Amount: \$ _____
Name: _____ State _____ Support Amount: \$ _____

9. PRIOR PROCEEDINGS:

Have there been any legal proceedings between you and the opposing party?: _____
If so, please describe: _____

10. RECONCILIATION:

Do you have any interest in reconciliation?: _____
Does your spouse, as far as you know?: _____
Have you tried marriage counseling?: _____
If so, when and with whom?: _____

11. OTHER:

Has the opposing party consulted an attorney regarding this matter?: _____
If yes, please indicate the attorney's name and address, if known:

Street

City State Zip

Have you consulted other attorneys about your marital situation?: _____
If yes, please state with whom you have spoken and when: _____

Name of accountant used: _____

Are there bank accounts, lines of credit, stock and investment accounts or other accounts to which the opposing party has access? _____
If so, please specify (with account numbers if known): _____

Does the opposing party have in his or her possession credit cards for which you are responsible?

If so, please specify (with account numbers if known): _____

Will you be requesting alimony in this matter?: _____

Have you signed anything which may affect this case, including prenuptial and postnuptial agreement(s), or other documents presented by the opposing party?: _____

If so, please describe what you were presented and when: _____

Have you or the opposing party sold any real property in the last 5 years?: _____

If so, please describe: _____

Have any criminal charges been filed against you or against your spouse at any time during this marriage?: _____

If so, please provide details including case name, county, case number and disposition: _____

Are there any other comments that you would like to make that were not covered in this questionnaire?: _____

Note: The fee for an initial one hour consultation with an associate attorney is \$250.00*;
*\$450.00 for a one hour consultation with founding partner, Randall M. Kessler
and \$300.00 with any other partner.

Hourly rates apply after the first hour.