



**Confidential Information Sheet**

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

Full Name: \_\_\_\_\_

Confidential/Secure Address:

\_\_\_\_\_

Contact Information (We strongly suggest that you create a new email account with secured password for communications with our firm).

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

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

How did you learn of our firm? \_\_\_\_\_

May we send a thank you note to referral source? \_\_\_\_\_

Reason for seeking counsel? \_\_\_\_\_

Date of birth: \_\_\_\_\_

Number of Marriages: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Separation Date: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Adverse Party Information:

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

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

Date of Birth: \_\_\_\_\_

Opposing Attorney: \_\_\_\_\_

Minor Children:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade/School.: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade/School.: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade/School.: \_\_\_\_\_

Frozen Embryo(s): \_\_\_ Yes \_\_\_ No

**CONSULTATION FEE DUE AT CONCLUSION OF CONSULTATION**

No representation is provided until a signed fee contract is received and the retainer is paid