

INITIAL CLIENT INFORMATION SHEET

PLEASE PRINT

Divorce Modification Child Support Custody Will Probate Civil Real Estate Other

Date: _____ Referred By: _____

Client Name: _____

SS#: _____ Drivers Licenses # _____ Copy _____

Address: _____

Telephone Contact Number: _____ Fax: _____

E-mail address: _____

Employer's Name & address: _____

-----Office Use Only-----

Assigned a file number: _____ BY: _____

Entered into accounting system: _____ By: _____

Facts & Issues: _____

Opposing Side: _____

Instructions: _____

Assigned to: _____

DATES: SERVICE _____ ; **ANSWER DUE** _____ ; **DISCOVERY NEEDED:** _____

Mediation: _____ **COURT HEARING DATES:** _____

Special Staff Notes: _____

-----Accounts Receivable/Payment-----

To Be Filed By: _____ Turned case away: _____ Reason: _____

Fee Quoted: _____ Flat Fee; Hourly: _____ Estimated Cost: _____ Plus Fees _____

Check or Cash Down: _____ Payment Arrangements: _____