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DIVORCE/FAMILY MATTERS

INITIAL CONSULTATION DATE: _____

**IF YOU CANNOT ATTEND THIS APPOINTMENT - PLEASE CALL AS SOON AS YOU BECOME
AWARE THAT YOU NEED TO CHANGE THE APPOINTMENT.**

CLIENT

1. Full Name: _____

Maiden Name: _____

Other Names Used: _____

Address: _____

Phone #: (Home) () - (Business) () -

(Cell) _____

Email _____

How long at present address? _____

Birth Date: _____

SPOUSE

2. Full Name: _____

Maiden Name: _____

Other Names Used: _____

Address: _____

Phone #: (Home) () - _____ (Business) () - _____

How long at present address? _____

Birth Date: _____

PRESENT MARRIAGE

3. Date _____ Place _____

Availability of Marriage Certificate: _____

Date of Separation: _____

Residences since marriage (show dates) _____

CAUSE OF ACTION

Please check any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Desertion | <input type="checkbox"/> Drug Addiction or Drunkenness |
| <input type="checkbox"/> Separation | <input type="checkbox"/> Imprisonment |
| <input type="checkbox"/> Extreme Cruelty | <input type="checkbox"/> Institutionalization for Mental Illness |
| <input type="checkbox"/> Adultery or Deviant Sexual Conduct | |

Have you consulted/retained another attorney in this matter?

- Yes No

If so, state name(s) and date(s): _____

Has your spouse consulted an attorney?

- Yes No

If so, state name(s) and date(s): _____

How were you referred to Laurie W. Fiedler, Esq.? _____

CHILDREN OF PRESENT MARRIAGE

4. Name and birth dates of minor or handicapped children _____

Residence and custody _____

School _____

Names, birth dates and residence of adult children _____

Which children are adopted _____
Date _____

Health status and nature of physical or other disability _____

Support received or paid for any children _____

PRIOR MARRIAGE (answer to each)

5. Party involved: Client [] Spouse [] Date _____

Place _____

Prior marriage name _____ Name of Prior Spouse _____

Cause of Dissolution _____

Copy of Judgment _____

OTHER CHILDREN OF CLIENT OR SPOUSE

6. Name and birth dates of minor or handicapped children _____

Residence and custody _____

School _____

Names, birth dates and residence of adult children _____

Which children are adopted _____ Date _____

Health status and nature of physical or other disability _____

Support received or paid for any children _____

Voluntary [] or by Court Order [] (if by Court Order give details) _____

EMPLOYMENT - CLIENT

Occupation _____ Job Title _____

How long employed _____

Name, address, and phone number of employer, and how long employed? _____

Average weekly earnings: Gross \$ _____

Net \$ _____

Work days and hours: _____

Itemize deductions from pay_____

Fringe benefits and other income_____

Union [] Non-Union [] Union Name_____

EMPLOYMENT - SPOUSE

Occupation_____ Job Title_____

How long employed_____

Name, address, and phone number of employer, and how long employed?_____

Average weekly earnings: Gross \$_____

Net \$_____

Work days and hours:_____

Itemize deductions from pay_____

Fringe benefits and other income_____

Union [] Non-Union [] Union Name_____

HEALTH INSURANCE

State all available medical and dental insurance benefits and/or insurance. Include type of coverage, name and address of company, I.D. Number, Group Number, and cost and who pays the Premiums. _____

OTHER FAMILY ACTIONS - PRESENT MARRIAGE

List Court, Docket Number, nature of proceedings, dates, by whom instituted, disposition, and names of attorneys involved. Include all family type matters (pending and closed)_____

GENERAL

Likelihood of reconciliation_____

Do you own a home together? _____ Yes _____ No

a. If so, do you intend to sale? _____ Yes _____ No

b. What is the sale price? \$ _____

Custody of children as expressed by:

Client_____

Spouse_____

Children_____

Reason why either party should not have custody of children

SUPPORT

Client's estimate of support needed:

For self \$_____

Children \$_____

Client's estimate of support to be paid:

For spouse \$_____

For Children \$_____

Client's education, training and skills, and plans for employment, if any_____

