LAURIE W. FIEDLER

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DIVORCE/FAMILY MATTERS

INITI	AL CONSULTATION DATE:
<u>IF</u>	YOU CANNOT ATTEND THIS APPOINTMENT - PLEASE CALL AS SOON AS YOU BECOME AWARE THAT YOU NEED TO CHANGE THE APPOINTMENT.
	CLIENT
	<u>CLIENT</u>
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) _() - How long at present address?		(Business) () -
	Birth Date:		<u>.GE</u>
3.	Date	Place	
	Availability of Marriage Certificate:		
	Date of Separation:		
	Residences since marriage (show dates)_		
	CAUSE O		
Please	e check any of the following:		
[] [] []	Desertion Separation Extreme Cruelty Adultery or Deviant Sexual Conduct	[] [] []	Drug Addiction or Drunkenness Imprisonment Institutionalization for Mental Illness
Have	you consulted/retained another attorney in [] Yes [] No		er?
If so,	state name(s) and date(s):		
Has y	our spouse consulted an attorney? [] Yes [] No		
If so,	state name(s) and date(s):		

How	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		
Date	Which children are adopted		
Duic_	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

Name and birth dates o	Name and birth dates of minor or handicapped children			
Residence and custody				
	residence of adult children			
	pted			
Health status and nature	e of physical or other disability			
Voluntary [] or by Co	d for any children urt Order [] (if by Court Order g EMPLOYMENT - CLIENT	ive details)		
Occupation		Job Title		
	one number of employer, and how			
Average weekly earning	gs: Gross \$			
	Net \$			
*** 1 1				

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	Itemize dec	luctions from pay	<i></i>	
Occupation	Fringe bene	efits and other inc	come	
Occupation	Union []	Non-Union []	Union Name
Name, address, and phone number of employer, and how long employed? Average weekly earnings: Gross \$		<u>E</u>	MPLO	YMENT - SPOUSE
Name, address, and phone number of employer, and how long employed? Average weekly earnings: Gross \$	Occupation			Job Title
Average weekly earnings: Gross \$	How long e	mployed		
Average weekly earnings: Gross \$	Name, addı	ess, and phone n	umber o	of employer, and how long employed?
Itemize deductions from pay				
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	Average we	ekly earnings:	Gross	s \$
Itemize deductions from pay			Net	\$
Fringe benefits and other income	Work days	and hours:		
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	Itemize dec	luctions from pay	<i></i>	
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coverage, name and address of company, I.D. Number, Group Number, and cost and who pays the			<u>HEAL</u>	TH INSURANCE
	coverage, name and	d address of com	pany, I.I	D. Number, Group Number, and cost and who pays the

OTHER FAMILY ACTIONS - PRESENT MARRIAGE

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	
<u>SUPPORT</u>	
Client's estimate of support needed: For self \$	
Children \$	
Client's estimate of support to be paid: For spouse \$	
For Children \$	

Spouse's education, training and skills, and plans for employment, if any
Health status of both parties
General description of standard of living enjoyed by parties while living together
FACTS AND CIRCUMSTANCES
Provide chronological statements, detailing all events, reasons and causes for Divorce or Dissolution of Marriage. Include names and addresses of witnesses and each person who participated in the incidents or acts.