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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:
[ ]   Desertion   [ ]   Drug Addiction or Drunkenness
[ ]   Separation   [ ]   Imprisonment
[ ]   Extreme Cruelty   [ ]   Institutionalization for Mental Illness
[ ]   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

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.