GARDNER & SMITH PLLC
ATTORNEYS

New Client Consultation Sheet

Date: ________________, 2018

Your Information

Your Full Legal Name: ______________________________ Maiden Name:___________________________
(Last) (First) (Middle)

SSN:_____-_____-_____ Drivers License Number:_____________ State: _____ DOB:____/____/_____

Place of Birth:____ Race/Ethnicity:______________

Home Address:____ County:____________________
(Number) (Street) (Apt.#) (City) (State) (Zip Code)

How long in this county?:_________Home phone #:_______________Cell phone #:__________________

Safe E-mail Address:______________________
May we send monthly invoice(s) to your email address? _____Yes _____No

Your current automobile: ____
(Year) (Make) (Model) (Color) (License Plate # and State)

Place & Address of Employment: ____

Occupation: ________________________ Approximate Annual Income: $_________________

Work Phone #: ______________ Fax #:________________ Work Contact:_______________

PREFERRED PHONE CONTACT: _____Home _____Cell _____Work

PREFERRED MAILING ADDRESS: ____

Billing Address (if different): ____

Opposing Party/Other Parent Information (Please circle one)

Full Legal Name: ______________________________ Maiden Name:______________________________
(Last) (First) (Middle)

SSN:_____-_____-_____ Drivers License Number:_____________ State: _____ DOB:____/____/_____

Place of Birth:____ Race/Ethnicity:____________

Home Address:_______________________________________ County:__________________
(Number) (Street) (Apt.#) (City) (State) (Zip Code)

How long in this county?:________Home phone #:______________Cell phone #:_______________

E-mail Address: ________________________________

Current automobile: ____
(Year) (Make) (Model) (Color) (License Plate # and State)

Height:______ Weight: ______ Hair Color: ______ Eye Color: _____ Glasses?: _____ Beard?: _____

Opposing Party's Place & Address of Employment: ____

Opposing Party's Occupation: _____________________ Approximate Annual Income: $___________

Work Phone #: _____________ Fax #:_______________ Work Contact:_____________

Marriage Information

Date of Marriage: _____/_____/_____ Place of Marriage: ______________________________
(City) (State)

Date of Separation: _____/_____/_____ Does Wife Want Maiden Name Restored? ___Yes ___No

Child/Children Information

Full Legal Name (Last, First, Middle): DOB: Sex: Birth Place (City, State): SSN:

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Children's Health Insurance

Health Insurance Co.: ____________________ Policy #: _____________ Monthly Cost: $_________

Provided Through: ☐ Father's Employer ☐ Mother's Employer ☐ Medicaid ☐ CHIP
☐ Other ☐ None ☐ Private Who Pays?______________________

For Office Use Only

Type of Matter: _______________

Retainer Amount: $________________ Date Paid: __________________

Date of Initial Consultation: ________________________________ [_____ in office / ______ by Phone]

Referred By: _______________________________

Referred To: _______________________________