

LUXENBERG & JOHNSON, P.C.

A T T O R N E Y S A T L A W

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INITIAL CONSULTATION

Filling out this form does not create an attorney and client relationship, but the information in this form is confidential and will not be disclosed to without your consent.

Today's Date: _____

How did you find us? _____ May we thank them? Yes ___ No ___

What assistance are you seeking in our consultation? _____

About You

Full Name: _____ Age: _____

Other names you have used in the past, (e.g. maiden name): _____

Social Security No.: _____

Current Address: _____

_____ Since: _____

Email Address: _____ Cell No: () _____ - _____

Office: () _____ - _____ Home: () _____ - _____ Fax: () _____ - _____

If we need to contact you after our consultation, how should we do it? _____

Where do you work? In what capacity? _____

Approximate annual earnings from employment: _____ Other income: _____

Other Information about You That You Feel Is Relevant in Our Consultation: _____

Marriage, Civil Union, Living Together, Other Relationship Subject of Consultation

Full Name of Other Person: _____ Age: _____ Relationship: _____

Date of Marriage (if married): _____ Date of Separation (if separated): _____

Where does s/he work?: _____ SSN: _____

Current Address: _____

Their Approximate Annual Income: _____

Nature of Problems/Issues: _____

Date of Marriage or Beginning Relationship: _____ City & State: _____

If relevant, date of last times you had sexual relations together: _____

Is Other Party Represented By An Attorney: _____ if so, name and firm (if you know) _____

Any Incidents of Violence: _____ If so, describe: _____

Any Court actions or cases filed? _____ If so, describe _____

Date of Separation, if any: _____ If separated, who left the marital residence: _____

All Children

Please provide the information below for all children from your current and past relationships, whether you are a birth parent, de facto parent, parent by adoption, or living in the same residence. Also indicate if child support is being paid and by whom and if there are any ongoing custody cases.

Child's Name	Date of Birth	Gender	Relationship	Living Where & With Whom
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any assets you currently have: _____

List all outstanding debt you currently have: _____

Any Other Legal Matters You Wish to Discuss

Attach Additional Pages and Documents as Necessary