

Rowe, Rosen & Fitzhugh Client Information Sheet

The purpose of an initial consultation is for the attorney to advise you, the *prospective* client what, if anything, can be done for you. The purpose is not to render a definitive legal opinion as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation. Please complete this sheet and bring with you to your initial consultation.

The following information will help us to understand the reason for your visit. Your responses are protected by attorney/client privilege and will be held in strict confidence.

If a question does not apply to your particular situation, please indicated by marking the question "N/A". If you need additional room, feel free to complete your answer on a separate sheet. Please contact our office if you have any questions.

About you:

1. Please give your *full* name, date and place of birth, and Social Security number.

Full name: _____

Birth date: _____ State where born: _____

Social Security #: _____

Driver's license #: _____

2. Where are you living now, and what is your phone number?

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Home phone: _____

3. At what address do you wish to receive mail from this office?

4. Please provide an email address that we can use to correspond with you, and please provide your cell phone number?

By providing your email and cell number on this form, you agree for us to communicate with you by email or by cell phone.

Email address: _____

Cell Phone: _____

5. Who referred you to this office? _____

6. Have you consulted or retained any other attorneys on this matter before coming to this office?

If so, please state who and when: _____

7. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

May we call you at work? _____

Gross income per month or annually: _____

Length of employment: _____

Education: _____

About your spouse, ex-spouse, or parent of your child:

8. Please give the *full* name, date and place of birth, and last 4 digits of the other party's Social Security number.

Full name: _____

Birth date: _____ State where born: _____

Social Security #: _____

Driver's license #: _____

9. Where is the other party living now, and what is his or her phone number?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

10. Please complete the following information concerning the other party's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross income per month or annually: _____

Length of employment: _____

Education: _____

About your children:

11. Please give the full name, date and place of birth, last 4 digits of the Social Security number of each of the children born to, or adopted by, you and the other party

Name: _____

Sex (M/F):__Date of birth:_____Age:_____

Place of birth: _____

Social Security #: _____

Name: _____

Sex (M/F):__Date of birth:_____Age:_____

Place of birth: _____

Social Security #: _____

About your marriage and separation:

12. Please give the date and place of your marriage:

Date:_____Place:_____

Are you now separated from your spouse? _____

If so, please state date of separation: _____

13. Have any divorce or custody proceedings been filed?

If so, when and where?

Are there any court dates scheduled? If so, provide date and time: _____

14. Is the other party represented by an attorney?

If so, who? _____

15. If a divorce is granted, are you seeking a restoration of your maiden (or former) name? _____

If so, what name do you intend to use after divorce? _____

16. If available and applicable, please bring the following items with you to the consultation:

- A) Any Court Order(s) regarding the issue(s) to be discussed.
- B) Copies of any pleadings, court documents and/or notice of any court date or hearing.
- C) Any written agreements pertaining to the issue(s) to be discussed.
- D) List of any urgent issues requiring immediate attention.
- E) Summary of Income, assets and debts.

17. A Brief Summary of the purpose for your visit: _____

PLEASE READ CAREFULLY & SIGN BELOW:

Following your initial consultation, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign a Fee Agreement. The Fee Agreement will set forth the terms and conditions of representation.

This office DOES NOT represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation unless and until both you and the Attorney execute a written Fee Agreement and any required fee has been paid.

Your signature acknowledges only that you believe the information contained is accurate and does not mean you have hired the Attorney.

SIGNATURE:

Date:

Notice and Disclaimer: This website and the information on the website presents general information about the law firm of Rowe, Rosen & Fitzhugh and is not intended to provide legal services or legal advice. If you would like to become a client of Rowe, Rosen & Fitzhugh and to obtain legal advice from our firm, you must establish an attorney client relationship with us by

meeting with us; executing a Retainer Agreement; and paying a Retainer to us. Until that time, you have not retained us and we are not your attorneys.