



Please fill out this form ahead of time and submit it to our office prior to your first appointment.

Your Information

First Name Middle Name Last Name

Confidential Address

[Please identify an address where we can send you confidential communications that you will have access to on a daily basis without concern that the mail will be opened by anyone else.]

Street Address

City State Zip Code

Months at Address Date of Birth Month Day Year

Contact Information

Please provide us with your phone numbers and one or more email addresses where we can contact you in confidence without concern that your calls, text messages or emails will be monitored or recorded. We strongly suggest that you deactivate all gps and location tracking services on your cellphone, iPad and similar devices and that you create a new email address with a unique password that only you can access. Note: Beware of shared home Wi-Fi accounts and cellphone providers that will allow anyone with a Wi-Fi password or control of the cellphone number to access your email.

Cellphone Work Phone Home Phone Email Address

Reason for Consultation

Opposing Party

First Name Middle Name Last Name

Street Address

City State Zip Code

Months at Address Date of Birth Month Day Year

**Marital Status with Opposing Party**

\_\_\_\_\_

Are you currently living with the opposing party?  Yes  No

If separated, what was the date of separation?

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Your Employment**

Are you currently employed?  Yes  No

Annual Salary \_\_\_\_\_

If unemployed, date of your last job: \_\_\_\_\_

**Opposing Party's Employment**

Is the opposing party currently employed?  Yes  No

Annual Salary \_\_\_\_\_

If unemployed, date of last job: \_\_\_\_\_

**Your Education**

Highest Degree \_\_\_\_\_

**Opposing Party's Education:**

Highest Degree \_\_\_\_\_

**Children with Opposing Party**

Full Name \_\_\_\_\_  Male  Female

Year of Birth \_\_\_\_\_

Full Name \_\_\_\_\_  Male  Female

Year of Birth \_\_\_\_\_

Full Name \_\_\_\_\_  Male  Female

Year of Birth \_\_\_\_\_

Full Name \_\_\_\_\_  Male  Female

Year of Birth \_\_\_\_\_

Full Name \_\_\_\_\_  Male  Female

Year of Birth \_\_\_\_\_

Are there any pending court orders with the opposing party?

Yes  No

Date of Last Order \_\_\_\_\_

County Where Issued \_\_\_\_\_

Are you a US Citizen?

Yes  No

Are you a member of the Armed forces on active duty?

Yes  No

Is the opposing party a member of the Armed Forces on active duty?

Yes  No

Do you have any immediate fear for your own safety or the safety of your children?

Yes  No

If so, has a Temporary Restraining Order or Protective Order been issued?

Yes  No

If so, please describe \_\_\_\_\_

Does your case involve any of the following Issues? (check all that apply)

- Physical Violence
- Criminal Activity
- Excessive Alcohol Use
- Adultery
- Illegal or Prescription Drugs
- Child Abuse
- Pornography
- Mental Illness
- Mental Cruelty
- Dissipation of Assets

How were you referred to our office?

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Date Completed \_\_\_\_\_