## **DOMESTIC CLIENT INFORMATION FORM** - CUSTODY OR MODIFICATION

I agree to pay the fee for the initial consultation conference before I leave. Furthermore, I represent to the Law Offices of Shea & Barron, that all of the following information is true. I understand that payment of a consultation fee does not establish an attorney-client relationship, which must be done in a separate Fee Agreement.

<b>NOTE:</b> This form is only for routine information	ntion. <u>Do</u> <u>not divulge</u> an	y con	fidentia	al <u>details.</u>
Date	Signature of P	rospe	ctive C	lient
Referred By: I	May I thank this person	and r	eferenc	ce you? Y N
Have you seen our website, www.sheabarron	law.com? Y N			
<ul> <li>Do you have any prior Orders in place related</li> <li>If yes, please provide a copy for revice copy, one will be needed before any remaining the copy.</li> </ul>	iew during your consul			
Have you ever been married to the other pare	nt? Y N			
I. <u>PROSPECTIVI</u>	E CLIENT INFORMA	ATIO	<u>N</u>	
FULL NAME (First, Middle, Last):				
Current County of Residence:				
County of residence during the marriage:				
Mailing Address (Address to be used for <b>con</b> t	fidential correspondence	ce and	l billing	<u>g</u> )
Home Address:				
Mobile Phone:	_ OK to call?	Y	N	
Home Phone:	OK to call?	Y	N	
Business Phone:	OK to call?	Y	N	
Personal email:	OK to email?	Y	N	call first
Which of the above is <b>preferred</b> method of c	contact?			

Does the other parent know your email or voice	ce mail passwords? Y N
Date of Birth: Age	Place of Birth:
Social Security Number:	Race:
Driver's License Number:	State:
General Health:	
Employer:	
Position:	
Salary:	
Amount of other income:	
Source of other income:	
· · · · · · · · · · · · · · · · · · ·	about your domestic issues, whether recently or in
II. OTHER PAI  FULL NAME (first, middle, last):	RENT INFORMATION
County of residence:	
Home address:	
Business address:	
Home Phone:	Mobile Phone:
Date of Birth:Age: _	Place of Birth:
Social Security Number:	Race:
Driver's License Number:	State:
General Health:	
Employer:	
Position:	

Salary:			
Amount of other income:			
Source of other income:			
List other lawyers with whom the other p	arent has consulted, either	recently or i	n the past (if
known):			
III. <u>СНІ</u>	LDREN INFORMATIO	<u>N</u>	
<u>Full</u> names and birthdates of children of y	our relationship (indicate	if a child is a	adopted):
1	DOB:		Sex:
2	DOB:	Age:	Sex:
3	DOB:	Age:	Sex:
4	DOB:	Age:	Sex:
Do any of your children have disabilities?	If so, explain:		
Any other minor children supported by ei	ther you or the other parer		_
1	DOB:	Age:	Sex:
Do you <u>pay</u> or <u>receive</u> child support for the Who has primary custody of this child?		uch?	
2	DOB:	Age:	Sex:
Do you <u>pay</u> or <u>receive</u> child support for the Who has primary custody of this child?		uch?	
3	DOB:	Age:	Sex:
Do you <u>pay</u> or <u>receive</u> child support for the Who has primary custody of this child?			

## IV. <u>SUPPORT/ALIMONY</u>

Are you PAYING alimony to someone else? Y N If so, how much?
Are you PAYING child support to someone else? Y N If so, how much?
Are you RECEIVING alimony from someone else? Y N If so, how much?
Are you RECEIVING child support from someone else? Y N If so, how much?
VIII. PENDING ACTIONS  Have you been served with any legal papers? If so, on what date were you served?
Were you served in person or by mail?
Is there any action currently pending in family court in connection with this matter? If so, which county?
Are you or your spouse presently named in any other lawsuits? If so, state the subject matter and