

INFORMATION SHEET

**Please return to our office via email at quintaloffice@gmail.com or bring to meeting with you.

Date of Consultation

Person/Lawyer Referring

Client's Name, Age, Date of Birth

Opposing Party's Name, Age, Date of Birth

Client's Address (Street, City, State, Zip)

Opposing Party's Address

Home Phone #/ Work Phone #

Opposing's Phone #/ Work Phone #

Employer

Opposing's Employer

Employer's Address

Opposing Employer's Address

Hours can be reached- where?

Opposing Hours can be reached- where?

Email Address

Opposing Party's Attorney

of Marriages

Opposing Attorney's Address

Date of Marriage

Date of Separation

Place of Marriage

Last Residence Together

Wife's Maiden Name

of Marriages for Opposing

CHILDREN

_____	D.O.B. _____
_____	D.O.B. _____
_____	D.O.B. _____
_____	D.O.B. _____

Other Children/Step Children/Children From Another Relationship

_____	D.O.B. _____
_____	D.O.B. _____

HUSBAND (ex-husband, father, etc.)

Work Classification: _____

Salary or income: _____

Children: _____

Real Estate: _____

Personal Property: _____

Stocks & Bonds: _____

Securities: _____

Automobiles: _____

Employment Benefits: _____

Health Insurance: _____

WIFE (ex-wife, mother, etc.)

Work Classification: _____

Salary or income: _____

Children: _____

Real Estate: _____

Personal Property: _____

Stocks & Bonds: _____

Securities: _____

Automobile: _____

Employment Benfits: _____

Health Insurance: _____

Other: _____

1. Has suit been filed before? No() Yes() _____

2. Will divorce be contested? No() Yes() _____

3. Do you want restoration of maiden name? No() Yes() _____

4. Do you want custody of children? No() Yes() _____

5. Restraining Order Required? No () Yes() _____

6. Names of helpful witnesses: _____

7. Grounds for Divorce: _____

8. Support: \$ _____ per week for wife \$ _____ per child per week.

Comments: _____

Fee:

Retainer:

Costs: