



Client Intake Sheet

Date: _____

Your Full Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail Address: _____

Opposing Party's Full Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail Address: _____

What type of matter are you here to discuss? (Circle all that apply) Other: _____

- Divorce Separation Agreement Custody Visitation Support Adoption
- Juvenile Court Prenuptial Agreement Name Change Paternity Estate/Will/POA/AMD

Where did you hear about Shupert Law? _____

FREE CONSULTATION WAIVER/ACKNOWLEDGMENT

In order to receive a free consultation, you hereby agree to waive any potential conflict of interest between the attorney, your spouse and yourself. This waiver will be in full force and affect until you either hire us to represent you, or you pay a consultation fee. You understand that following your free consultation, we may still represent the opposing party, unless you retain us or pay the consultation fee. You also acknowledge that we are not obligated to represent you unless you sign a written retainer agreement and pay the required retainer amount.

Please initial here to indicate you have read and agreed to these terms: _____

For Office Use Only:

Results of Conflict Check: _____

Quote:



Custody/Visitation/Support Questionnaire

Please answer **ALL** questions as **COMPLETELY** and **ACCURATELY** as possible. It is necessary for the attorney to have this information to successfully analyze your case and give you excellent legal advice.

1. **If applicable:** Date Married: _____ Date Divorced: _____
2. Children Involved: **(Full Name, Birth Date)**
 - a) Name: _____ DOB: _____
 - b) Name: _____ DOB: _____
 - c) Name: _____ DOB: _____
 - d) Name: _____ DOB: _____
3. Where have the children primarily resided for the past 6 months:

4. Is there a child custody, visitation or support order in place? _____ If yes:
 - a) What court: _____
 - b) When entered: _____
 - c) Legal Custody to: _____
 - d) Physical Custody to: _____
 - e) Support amount ordered: _____ Payable to: _____
5. Are you active duty/retired military? If yes, which branch:

6. Is the opposing party active duty/retired military? If yes, which branch

7. Father's Date of Birth _____ SSN: _____
8. Mother's Date of Birth _____ SSN _____
9. Mother's Employer _____
10. Father's Employer _____
11. Who carries the Health Care coverage? _____
12. Who provides work-related daycare? _____
13. What, if any, are the costs of work-related daycare? _____