



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:



Separation / Divorce 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. Date Married: _____ City / State Married: _____
2. Date separated with intent to stay separated: _____
3. City/State where parties last lived together: _____
4. Children born or adopted during this marriage. **(Full Name, Birth Date)**.
 1. _____
 2. _____
 3. _____
5. Reason for separation:
 - Adultery
 - Abandonment/Desertion
 - Cruelty/Reasonable Apprehension of bodily hurt
 - Irreconcilable Differences
6. Does your spouse allege any of the above grounds for divorce against you? _____
7. Are you active duty/retired military? Yes / No (If Yes, Which Branch?) _____
8. Is your spouse active duty/retired military? Yes / No (If Yes, Which Branch?) _____
9. Husband's number of this marriage: _____ Wife's number of this marriage: _____
10. Husband's Place of Birth: _____ Wife's Place of Birth: _____
11. Husband's Date of Birth: _____ SSN: _____ Race: _____
12. Wife's Date of Birth: _____ SSN: _____ Race: _____
13. Husband's highest grade completed: _____ Wife's highest grade completed: _____
14. How long have you resided in Virginia? _____ Your spouse? _____
15. Husband's employer: _____
16. Wife's employer: _____
17. Professional Licenses? _____
18. Who Carries the Health Care coverage? _____