

INITIAL CONSULTATION QUESTIONNAIRE

TODAY'S DATE: _____

CONTACT INFO:

Full Legal Name: _____ DOB: _____

Address: _____ SSN: _____

_____ Phone: _____

Email: _____ (Secure? Yes No)

Whom may we thank for referring you? _____

Did you find us online? Google Avvo Other: _____

Are you currently represented with respect to this legal matter? Yes No

If yes, provide the full name of your current lawyer:

Have you consulted with any other lawyers with respect to this matter? Yes No

If yes, provide the full name of all other lawyers with whom you have consulted and the dates on which you consulted:

Have you previously been represented by any other lawyer(s) with respect to this matter, or any related matter? Yes No

If yes, provide the full name of all such lawyers and indicate reasons for termination of representation:

For Office Use Only: ATTY: _____ **CLIENT#:** _____ **MATTER#:** _____ **PD:** _____.

SPOUSE/SIGNIFICANT OTHER INFORMATION:

Marital Status: _____ Date of Marriage: _____ Location of Marriage: _____

Full Legal Name of Significant Other: _____

Date of Separation: _____ Address: _____

Phone: _____ Attorney: _____

Is adultery an issue? Yes No

If yes, describe the circumstances in detail:

Is domestic violence an issue? Yes No

If yes, describe circumstances in detail:

If you are currently separated, provide the details surrounding, and reasons for, the separation:

Have you separated from this spouse previously? Yes No

If yes, please explain the reasons for the separation and the reason for reconciliation:

Have you ever been diagnosed with, or treated for, any psychological disorder? Yes No

If yes, please explain in detail and include any medications prescribed and/or taken:

Has your significant other/spouse ever been diagnosed with, or treated for, any psychological disorder? Yes No

If yes, please explain in detail and include any medications prescribed and/or taken:

Identify all prescription medications which you are currently taking (include dosages):

Identify all over the counter medications or dietary supplements which you are currently taking (include dosages):

Identify all prescription medications which your significant other/spouse is currently taking (include dosages):

Identify all over the counter medications or dietary supplements which your significant other/spouse is currently taking (include dosages):

Have you ever been convicted of, or plead guilty to, any criminal or traffic offense? Yes No
If yes, provide date, County/State, offense(s) charged, offense(s) plead, offense(s) convicted, and punishment:

Has your significant other ever been convicted of, or plead guilty to, any criminal or traffic offense?

Yes No

If yes, provide date, County/State, offense(s) charged, offense(s) plead, offense(s) convicted, and punishment:

Do you now, or have you ever, used any illicit drugs? Yes No

If yes, provide all dates (or date ranges) and identify all drugs used:

Does your significant other now, or have they ever used any illicit drugs? Yes No

If yes, provide all dates (or date ranges) and identify all drugs used:

Describe your alcohol consumption limits:

Describe the alcohol consumption habits of your significant other/spouse:

Do you now, or have you ever, abused prescription medications? Yes No

If yes, describe in detail:

Does your significant other/spouse now, or have they ever, abused prescription medications?

Yes No

If yes, please, describe in detail:

Are you currently under the care of any doctor(s)? Yes No

If yes, identify the doctor(s) and describe the issue(s) for which you are under care:

Is your significant other/spouse currently under the care of any doctor(s)? Yes No

If yes, identify the doctor(s) and describe the issue(s) for which they are under care:

Are you now, or have ever been, under the care of a therapist or counselor? Yes No

If yes, identify the provider(s), state the dates of care, and describe the issue(s) addressed:

Is your significant other now, have they ever been, under the care of a therapist or counselor?

Yes No

If yes, identify the provider(s), state the dates of care, and describe the issue(s) addressed:

Have you and your significant other/spouse ever attended joint or marriage therapy or counseling?

Yes No

If yes, identify the provider(s), state the dates of care, and describe the issue(s) addressed:

CHILDREN OF THIS RELATIONSHIP:

Full Legal Name: AGE: DOB: SSN: Custody:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHILDREN OF OTHER RELATIONSHIP(S):

Full Legal Name: AGE: DOB: SSN: Custody:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of your children have any medical issues? Yes No

If yes, please describe in detail:

Have any of your children ever been in counseling or therapy? Yes No

If yes, please describe in detail and include the names of all therapists or counselors:

BRIEF DESCRIPTION OF MATTER (SPECIFY ANY PENDING COURT CASES, INCLUDING CRIMINAL MATTERS):

INCOME/SUPPORT:

	You:	Spouse/Significant Other:
Name:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Time on Job:	_____	_____
Compensation:	_____	_____
Bonus:	_____	_____
Do either of you have a pre-existing child/spousal support obligation?	_____	

ASSETS:

Describe:	NET Value:	Date Acquired:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEBTS:

Describe:	Amount Owed:	Date Incurred:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IS THERE ANYTHING ELSE YOU WANT US TO KNOW?

COMMUNICATIONS POLICY:

We prefer to communicate and invoice electronically. If you consent to electronic communication, please provide a personal, secure email address which you check frequently or will commit to checking frequently while we work together. Please understand that, if you receive email communications from our office through a business email address, you may be waiving attorney-client privilege as to those communications. For that reason, please be certain that you have provided us with a secure, personal email address.

May we communicate with you *via* the email address listed above? (Please note that it may be necessary for you to check your "Junk Box" or "Spam Filter.")

If not, what should be our primary method of communication?

Are there any special considerations to be given regarding our communications with you? For example, is it okay to send documents to your physical address listed above?

IDENTIFY ALL EMAIL ACCOUNTS, TELEPHONE NUMBERS (INCLUDING PROVIDER) AND/OR SOCIAL MEDIA ACCOUNTS USED BY YOU AND/OR THE OTHER PARTY:

ACKNOWLEDGMENT:

I hereby certify that all of the above information is accurate to the best of my knowledge. I further acknowledge that I am **not** establishing an ongoing attorney-client relationship with Krusch & Sellers, P.A. or the lawyers thereof, by meeting for this initial consultation. Rather, I understand that no ongoing attorney-client relationship is established with Krusch & Sellers, P.A. or the lawyers thereof, **unless and until** a formal Agreement for Legal Services is signed and the fee, or fee advance, required thereby is paid.

Prospective Client

Date