

I understand that the consultation with Stephanie Imbrie is \$450.00/hour. I agree to pay this amount at the end of my consultation.

I understand that the consultation with Brandon Mancuso is \$375.00/hour. I agree to pay this amount at the end of my consultation.

Signature

I will be paying the consultation fee today of \$ _____.

How were you referred to us?

Today's Date: _____

Client Information Form

Full Legal Name: _____

Maiden Name (if female): _____

If this is a divorce case, do you want your maiden name restored? _____

E-mail address: _____

Phone Number(s): (Cell) _____ (Work) _____

Address: _____

County of residence: _____

How long have you resided at this address? _____

Mailing address (if different from above): _____

Employer: _____

Address: _____

Driver License Number and Issuing State: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Race: _____

Opposing Party Information:

Full Legal Name: _____

Phone Numbers: (Cell) _____ (Work) _____

E-mail address: _____

Address: _____

County of residence: _____

How long has he/she resided at this address? _____

Mailing address (if different from above): _____

Employer: _____

Address: _____

Driver License Number: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Race: _____

Is service needed on the opposing party? Yes or No

*If a protective order is needed, please answer the following regarding the opposing party:

Color of eyes: _____

Color of hair: _____

Height: _____

Weight: _____

Personal Descriptors: _____

Minor children that are a party to this suit:

Full Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Social Security Number: _____

Age: _____

Full Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Social Security Number: _____

Age: _____

Full Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Social Security Number: _____

Age: _____

Full Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Social Security Number: _____

Age: _____

Please answer the following (if applicable)

Date of Marriage: _____

Place of Marriage: _____

Date of Separation: _____

Have you ever applied for Child Support through the Attorney General's Office?

Are you already receiving Child Support through the Attorney General's Office?

The Child(ren) will reside with:

Have there ever been any other legal proceedings involving this child(ren) and if so, when?

EMERGENCY CONTACT PERSON

Full Legal Name: _____

Address: _____

Phone Number: _____

Relationship to you: _____