

Laub & Laub Confidential Family Law Information

Date _____

YOUR INFORMATION

Full Name:	
Street/Mail Address:	
City/State/Zip:	
Phone Number:	
E-mail Address	
Employer Name:	
Street/Mail Address:	
City/State/Zip:	
Monthly Wage Income:	
Normal Work Hours:	

OPPOSING PARTY

Full Name:	
Street/Mail Address:	
City/State/Zip:	
Phone Number:	
Employer Name:	
Street/Mail Address:	
City/State/Zip:	
Monthly Wage Income:	
Normal Work Hours:	

Length of Marriage: _____

Children Involved in This Matter

Child's Full Name (First, Middle, Last)	Date of Birth	Residence	Adopted
1.			
2.			
3.			

What is the Current visitation/Custody schedule: _____

ASSETS and DEBTS

ASSET	VALUE	DEBTS	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree that this consultation is without a good faith intention or reasonable expectation that a client-lawyer relationship will be formed or that I am a "Prospective client". I also give informed consent that no information disclosed during this consultation will prohibit the attorney from representing another client in this matter.

Signature of Consultee