

LAW OFFICES OF ANITA A. WEBSTER, ESQ.
INITIAL CLIENT INTERVIEW - FAMILY LAW

CLIENT INFORMATION

Date: _____

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: home () _____ Work () _____

Cell () _____ Fax () _____

E-mail _____

PLEASE NOTE: The majority of the time, we will be emailing you for contact. Please take our card and add our emails to your "safe" contact list so we do not go to junk mail.

Employer: _____ Hours of Employment: _____

Address of Employer: _____ Phone: _____

Date of Birth: _____ Social Security # : _____ Drivers License # : _____

Referred By: _____ Telephone: () _____

Date you first moved to Nevada: _____ Date of Marriage: _____ Place of Marriage: _____

Date of Separation: _____ Ethnicity: _____

SPOUSE OR ADVERSE PARTY: Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Social Security # _____ Telephone: home () _____ Work () _____

Cell () _____ E-mail _____

Name of Employer: _____ Address of employer: _____

Employer telephone: _____ Driver's license number: _____

Car make, model, color and plates: _____

Race _____ HT: _____ WT: _____ Hair: _____ Eyes: _____ Glasses? _____ Tattoos _____

If we are serving this person with a Complaint or other initial pleading, where do you want them served?

Address: _____ Unit number: _____

What days and hours is he/she most likely to be there? _____

Are there any days or times that you do not want the person served? _____

CHILDREN OF MARRIAGE OR RELATIONSHIP UNDER THE AGE OF 18

Name: _____ DOB: _____ SS # _____

Name: _____ DOB: _____ SS # _____

Name: _____ DOB: _____ SS # _____

OTHER CHILDREN NOT OF THIS RELATIONSHIP OF EITHER SPOUSE FOR SUPPORT (under 18 years old)

Name: _____ DOB: _____ SS # _____

Name: _____ DOB: _____ SS # _____

Where the child(ren) have lived for the past six months (address with state): _____

Who maintains health insurance for the minor child(ren) _____

REASON FOR APPOINTMENT: _____

FOR DIVORCE ACTIONS: FORMER NAME RESTORED: YES _____ NO _____

Name: _____

DO YOU DESIRE THAT ALIMONY BE PAID? YES _____ NO _____

Are you waiving a right to receive alimony? YES _____ NO _____

HAVE YOU OR YOUR SPOUSE EVER FILED BANKRUPTCY: YES _____ NO _____

WHAT YEAR: _____ **WHAT STATE:** _____

Have you ever signed a Prenuptial or Postnuptial Agreement: Yes _____ No _____

If you have answered yes, please provide a copy of the document.

FOR ALL DIVORCES A RESIDENT WITNESS MUST ACCOMPANY YOU TO COURT AND/OR SIGN AN AFFIDAVIT. (18 yrs or older) THE RESIDENT WITNESS CAN BE A FRIEND, CO-WORKER OR RELATIVE WHO IS A RESIDENT OF THIS STATE, AND CAN ATTEST THAT THEY HAVE SPOKEN TO YOU OR SEEN YOU AT LEAST 4 TO 5 TIMES A WEEK FOR 6 WEEKS PRIOR TO THE FILING OF THE ACTION:

RESIDENT WITNESS NAME: _____

ADDRESS, INCLUDING ZIP CODE: _____

Witness has lived in Nevada since: Month, Day, Year: _____

Witness first saw: Husband/Wife (circle one) living in Nevada since: _____

Witnesses Relationship to Husband/Wife (circle one) is: _____

OTHER INFORMATION PERTINENT TO THIS ACTION: _____
