

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ONCE COMPLETED PLEASE EMAIL TO**

**ANITAWEBSTER@EMBARQMAIL.COM**