

NEW CLIENT INFORMATION SHEET

Jennifer Lee Bushnell P.L.L.C.

RETAINER/ COST DEPOSIT:

DATE: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Place of Employment: _____

Military Rank/Rate/Grade: _____ Job Description Code: _____

Work Address: _____

City: _____ State: _____ Zip Code _____

SSN: _____ DOB: _____

State of Driver's License: _____ Driver License No: _____

Email: _____

All Telephone Numbers: _____

TYPE OF MATTER: _____

Date Served: _____ Court Date: _____

GOALS/OBJECTIVES/QUESTIONS: _____

TO WHOM MAY I THANK FOR YOUR REFERRAL _____

Jennifer Lee Bushnell, P.L.L.C.
Attorney at Law

ACKNOWLEDGMENT

I, _____, understand that the consultation I have with attorney Jennifer Lee Bushnell does not automatically create an attorney-client relationship. In order to retain the attorney, I understand that I am required to bring any necessary paperwork that is requested of me, including a signed Retainer Agreement, and I need to pay the initial retainer fee/cost deposit as agreed upon.

I further understand that if there are any filing deadlines, I need to retain the attorney prior to the deadline or seek an extension from the opposing party/counsel in order to preserve my legal rights in my case. If there is a hearing that has been set at the time of my appointment or a hearing that is scheduled after my appointment with the attorney, the attorney will not be appearing on my behalf if I have not retained the attorney prior to the hearing date.

If I do not retain the attorney within ninety (90) days of the consultation date or notify the attorney in writing that I intend to retain the attorney soon thereafter, I understand that the attorney will close my file and will not take any action on my behalf.

Printed name:

Date: _____

NEW CLIENT INFORMATION SHEET- FAMILY LAW

Jennifer Lee Bushnell, P.L.L.C.

TYPE OF CASE: DIVORCE CHILD CUSTODY CHILD SUPPORT TIME SHARING PATERNITY
ADOPTION MODIFICATION DEPENDENCY ENFORCEMENT
DOMESTIC VIOLENCE INJUNCTION OTHER: _____

WILL THIS CASE BE: (Please circle) CONTESTED UNCONTESTED UNKNOWN

YOUR LEGAL NAME: _____

YOUR ADDRESS: _____

PLACE OF WORK: _____

YOUR SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: _____

HOW LONG A FLORIDA RESIDENT: _____

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

DATE OF SEPERATION: _____ MILITARY SERVICE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DO YOU WANT YOUR MAIDEN NAME RESTORED: YES NO MAIDEN: _____

NAME OF OPPOSING ATTORNEY: _____

OPPOSING PARTY LEGAL NAME: _____

ALIASES: _____

OPPOSING PARTY SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ MILITARY SERVICE: _____

OPPOSING PARTY'S ADDRESS: _____

WORK ADDRESS AND WORK HOURS: _____

ANY OTHER PLACE FOR SERVICE OF PAPERS: _____

PHONE NUMBERS: _____

EMAIL ADDRESS: _____

GOALS/ SPECIFIC REQUESTS:

IF CHILDREN:

NAME OF CHILD: _____

DOB: _____ ssn: _____

NAME OF CHILD: _____

DOB: _____ ssn: _____

NAME OF CHILD: _____

DOB: _____ ssn: _____

NAME OF CHILD: _____

DOB: _____ ssn: _____

LAST 5 YEARS OF RESIDENCES WHERE CHILDREN HAVE RESIDED AND TO WHOM THEY RESIDED WITH:

1. _____

2. _____

3. _____

4. _____

5. _____