

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: _____

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

YOUR ADDRESS: _____

PLACE OF WORK: _____

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

HOW LONG A FLORIDA RESIDENT: _____ DATE OF MARRIAGE: _____

DATE OF SEPERATION: _____ MILITARY SERVICE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

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:

New Client Intake Questionnaire

1. Full Legal Name: _____

2. Full Legal Name of Opposing Party: _____

3. Name of opposing counsel YES NO: Name: _____

4. Is there an existing case? _____

5. Have they been served a summons? _____

6. Has a hearing been scheduled? YES NO _____

Family Law Additional Questions

7. Are there children?

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

A. Inform client if they have children, we will need SSN and where they have lived for the past five (5) years.

8. Jurisdiction:

How long have they been a Florida resident? _____

9. Is there a Final Order in another state? YES NO _____

10. Is there anything that may constitute as an emergency? YES NO

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: _____

1507 W. Garden Street, Pensacola, FL 32502
850.466.2929 phone • 1.866.466.9791 facsimile • jlbn@NWFLattorney.com
www.NWFLattorney.com

Navigating life's storms with personal, professional service