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Consultation Fees

Family Law \$200.00
Other: Billed at Attorney's Discretion

CONFIDENTIAL CLIENT INTAKE FORM

Client's Full Legal Name: _____ Client's Previous/Maiden Last Names: _____

Client's Social Security Number: _____ Client's Date of Birth: _____

Client's Address: _____

Mailing Address (if different than above): _____
(☐ Please do **NOT** mail correspondence to the above listed address. Checking this box requires an e-mail address to be provided below.)

Client's E-mail Address: _____

Client's Primary Phone Number: _____ Primary Phone Type: ☐ Landline ☐ Mobile
* ☐ Opt-In for SMS/Text Messages

(Optional)
Client's Secondary Phone Number: _____ Secondary Phone Type: ☐ Landline ☐ Mobile
* ☐ Opt-In for SMS/Text Messages

*By providing a telephone number and checking either of the boxes above, you are consenting to be contacted by SMS text message. Message & data rates may apply. You can reply 'STOP' to opt-out of further messaging at any time. No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All other categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

Complete one of the three sections below.

(Section One)

☐ Consultation Type: Dissolution/Divorce or Post-Dissolution/Divorce Action

Spouse's Full Legal Name: _____

Spouse's Social Security Number: _____ Spouse's Date of Birth: _____

Spouse's Previous Last Names: _____

(Section Two)

☐ Consultation Type: Custody/Parental or Custodian Rights of Minor Child(ren)

Other Parent's Full Legal Name: _____

Other Parent's Date of Birth: _____ Other Parent's Previous Last Names (if any): _____

(Section Three)

☐ Other: _____

Please list the names of any individuals or entities that are involved in this matter: _____
