



Initial Client Consultation Information Sheet – Domestic Relations: Support

The purpose of an initial consultation with the **Henry-Taylor Law, PC** (“Us, We, Our”) is for us to advise you, the *prospective* client what, if anything, may be done for you, and what the minimum fee therefore will be. *The purpose is not to render a definitive legal opinion* as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation.

One of three outcomes is possible following your consultation:

- A. You desire to have us represent you and we desire to represent you;**
- B. We decline representation; or**
- C. You decide not to use our services.**

It is important to note that even if, after the initial consultation, you desire to have Us represent You and We desire to represent You, Our actual representation of you does not begin until both parties have signed the Engagement Letter, a separate document which sets forth the specific terms and conditions of Our representation.

Note: The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

IMPORTANCE OF MAINTAINING CURRENT CONTACT INFORMATION

While it is impossible to predict the course of a representation, it may be important for us to contact you immediately, or upon short notice, to confer with you regarding the status of your case. An inability to do so may result in your case being prejudiced and detrimentally affect the outcome of the case. Accordingly, you agree to keep our office informed of your current address, telephone number and whereabouts. If you leave town, for example, to travel on

business or vacation, please notify our office before leaving of the expected duration of the trip and how we may contact you while you are away.

EMAIL COMMUNICATION

Many attorney-client communications via email involve relatively innocuous information and do not present a great concern even if they are received or read by someone other than you. On the other hand, any communication from an attorney that can be accessed by others may be of concern in some situations. Please think carefully about your email process. Do individuals who are not parties to this matter have access to your email? For example, if emailing from home or a Smartphone, does someone else have access to the computer/Smartphone from which you send/receive your email or to your email account? Is your email account password-protected? If emailing from work, does your employer reserve the right to view all email traffic on its servers? Most do. Note that any unprotected access to email communications between you and our attorneys may raise issues of whether the attorney-client privilege was waived, and if so, the communication may be available for review and use by the adverse party.

Anytime you communicate via email with one of our attorneys, include only the attorney in the communication. DO NOT “cc” or “bcc” other parties to the action, adverse counsel, judges, family, friends, relatives, or ANYONE else.

USE OF SOCIAL MEDIA (e.g., Facebook, Twitter, Blog)

Information currently on your social media site may potentially have an impact on your case, either positively or negatively. Information you place on your social media site in the future may also potentially affect your case. Generally, it is NOT advisable to discuss your case, including but not limited to the merits or details, the opposing party, counsel, the judge, witnesses, and the like, in any open forum. NEVER discuss with ANYONE, or disclose in any manner, discussions we have with you regarding your case, whether on a social media site or in any setting. Please review your social media sites promptly. If you have any questions regarding how a prior entry or posting may potentially affect your case, please feel free to discuss the issue with us as soon as possible.

Date: _____

Information you provide is confidential and protected by attorney- client privilege.

Name: _____

Home Address: _____ County: _____

Mailing Address (if different than home address):

Home Telephone No: _____

Cellular Phone No: _____

Work Telephone No: _____

Fax No: _____

E-mail address: _____

Year of Birth: _____ Age: _____

Employer: _____

Work Address: _____

Alternative Contact Person: Name: _____

Number: _____

Job Title: _____ Annual Income: _____

Work Schedule: _____

Criminal History: _____

Drug and Alcohol History: _____

Other parties in household: _____

Children:

Name: _____

Gender: _____

Date of Birth: _____ Age: _____

Address: _____

School: _____ Grade: _____

School District: _____

List all persons residing with Child at this address:

List places and persons that Child has lived with during the last 5 years:

Name: _____

Gender: _____

Date of Birth: _____ Age: _____

Address: _____

School: _____ Grade: _____

School District: _____

List all persons residing with Child at this address:

List places and persons that Child has lived with during the last 5 years:

Name: _____

Gender: _____

Date of Birth: _____ Age: _____

Address: _____

School: _____ Grade: _____

School District: _____

List all persons residing with Child at this address:

List places and persons that Child has lived with during the last 5 years:

Name: _____

Gender: _____

Date of Birth: _____ Age: _____

Address: _____

School: _____ Grade: _____

School District: _____

List all persons residing with Child at this address:

List places and persons that Child has lived with during the last 5 years:

Are you receiving or paying child support? ____Y ____N

Is there a child support order? ____Y ____N

If yes, complete the supplemental Support Information sheet.

Opposing Party's Information:

Name: _____

Attorney: _____

Home Address: _____ County: _____

Mailing Address (if different than home address):

Home Telephone No: _____

Cellular Phone No: _____

Work Telephone No: _____

Fax No: _____

Year of birth: _____ Age: _____

Employer: _____

Job Title: _____ Annual Income: _____

Email Address: _____

Criminal History: _____

Mental Health History _____

Drug and Alcohol History: _____

Marriage:

Date of Marriage: _____ Date of Separation: _____

City/State/County where marriage occurred: _____

Has a divorce action been filed previously? _____Y _____N

If yes, please provide the docket number: _____

What is the purpose of your visit today? _____

CYF Involvement:

Date: _____

Caseworker: _____

Issue: _____

Outcome: _____

Support Information:

PACES: _____

Complaint before the Court: _____

Moving Party: _____

Our Client: _____

Date of Filing of Support Complaint: _____

New Complaint: _____

Amended Complaint: _____

Request for: _____

Parties Married: _____

Date of Marriage: _____

Date of Separation: _____

Date of Divorce: _____

Date that Divorce Complaint was filed: _____

Address of last marital domicile: _____

Children for which support is being sought: _____

1. _____

Date of Birth: _____

Age: _____

Born of the Marriage: _____

Residence: _____

2. De _____

Date of Birth: _____

Age: _____

Born of the Marriage: _____

Residence: _____

Mother Name: _____

Date of Birth: _____

Social Security No.: _____

Residence: _____

School District: _____

Additional house members/dependents: _____

Employment: _____

Public Assistance: _____

Previous support orders: _____

Is there arrears: _____ Has the order been terminated: _____

Self Employed: _____

Name of business: _____

Telephone number: _____

Address: _____

Is it a practice or profession: _____

Is it a partnership or joint venture _____

Are you a shareholder in and salaried by a closed corporation or similar entity: _____

Profit and Loss Statement: _____

Net Monthly Income: _____

Hourly Rate: _____

Union Dues: _____ Bonds: _____ Overtime: _____ Bonus: _____

Interest _____ Pension _____ Annuities: _____ Social Security _____

Earned: _____ Distributions: _____ Benefits: _____

Rents: _____ Royalties: _____ Unemployment _____ Workers _____

Employer Fringe _____ Compensation: _____ Compensation: _____

Benefits: _____ Additional _____ Income: _____

Earning Capacity: _____

Degrees and Professional licenses: _____

Medical Conditions that affect ability to earn income: _____

Physician Verification Form attached: _____

Federal Income Tax Return and W-2s: _____

Will you claim children on taxes for current year: _____

Father Name: _____

Date of Birth: _____ Social Security No.: _____

Residence: _____

School District: _____

Additional house members/dependents: _____

Employment:

Public Assistance:

Previous support orders:

Is there arrears: _____ Has the order been terminated: _____

Self Employed:

Name of business:

Telephone number:

Address:

Is it a practice or profession:

Is it a partnership or joint venture

Are you a shareholder in and salaried by a closed corporation or similar entity:

Profit and Loss Statement:

Net Monthly Income:

Hourly Rate:

Union Dues: _____	Bonds: _____	Overtime: _____	Bonus: _____
Interest _____	Pension _____	Annuities: _____	Social Security _____
Earned: _____	Distributions: _____	Unemployment _____	Benefits: _____
Rents: _____	Royalties: _____	Compensation: _____	Workers _____
Employer Fringe _____	Additional _____		Compensation: _____
Benefits: _____	Income: _____		

Earning Capacity:

Degrees and Professional licenses:

Medical Conditions that affect ability to earn income:

Physician Verification Form attached:

Federal Income Tax Return and W-2s:

Will you claim children on taxes for current year:

Insurance Coverage:

Dental Insurance:

Hospital Coverage:

Other:

Medical Insurance:

Health/Accident:

Assets:

Checking Accounts: _____
Savings Accounts: _____
Credit Union: _____
Stocks/Bonds: _____
Real Estate: _____
Other: _____

Liabilities:

Mortgage: _____
Health Ins. premiums: _____
Unreimbursed Medical
Expenses: _____
Child Care: _____
Tuition: _____
Loans: _____
Debts: _____
Support for other
dependents: _____
Liens: _____
Special Expenses: _____
Other: _____

Note(s) Facts:

***** DO NOT COMPLETE – OFFICE USE ONLY *****

Fee Agreement: _____
Estimated Fee/Flat: _____
Hourly Rate: _____
Estimated Expenses: _____
Retainer Received: _____
Case Accepted/Rejected: _____
Referral Source: _____

Note(s)/Exhibits: