



## Consultation Notice

*The purpose of an initial consultation is for the attorney to understand the legal issues of your case, to provide you with basic legal information, possibly to identify further courses of action, and to estimate an approximate total fee for representation. The purpose is **not** to render a definitive legal opinion.*

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

*One of three outcomes is possible after your consultation:*

- 1. You and Ms. Hall may mutually agree to the terms of representation. If so, a separate document outlining the agreement will be signed by both of you.*
- 2. You decide not to proceed with using the services of the firm at this time.*
- 3. The firm declines to represent you.*

*Only if both you and the attorney mutually agree to the terms of representation (see #1) will the attorney represent you in this matter. Unless and until that happens, this firm DOES NOT represent you in this matter. An attorney will not take action on your behalf until a contract is signed. However, even if this firm does not ultimately represent you in this matter, your discussions today are still protected by attorney/client privilege, and will be held in the utmost confidence.*

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Thank you for taking the time to meet with attorney Janis Richardson Hall. Please be advised that attorney Janis R. Hall only provides legal advice and legal services for client who retain her services under a written fee agreement that explains the scope of services to be provided by attorney Janis R. Hall as well as the nature of the attorney's fees and costs that will be charged for legal services provided.

I understand and agree that unless and until attorney Janis R. Hall and I both sign a written fee agreement I have not hired attorney Janis R. Hall to act as my lawyer.

I further understand that until a written fee agreement is signed, attorney Janis R. Hall will take no action to represent me, protect my legal rights, and/or provide me with legal advice in regard to any of the issues and concerns which may be discussed during my initial consultation with attorney Janis R. Hall.

I understand and agree that if I do not sign a written fee agreement with attorney Janis R. Hall, I remain completely responsible to take the appropriate and timely action required to protect my legal rights.

**Your signature acknowledges only that you have reviewed and understand the foregoing policy and does not mean that you have hired attorney Janis Richardson Hall. Your signature acknowledges that the consultation fee is nonrefundable.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Child Custody/Support Worksheet

## Family Court Initial Interview Form

The purpose of an initial consultation is for the attorney to understand the legal issues of your case, to provide you with basic legal information, possibly to identify further courses of action, and to estimate an approximate total fee for representation. The purpose is **not** to render a definitive legal opinion.

### **Personal Information:**

Appointment Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Current Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
(Where you are residing)

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

May we send mail to the above address? \_\_\_\_\_ Best method to contact you? \_\_\_\_\_

Alternate Mailing Address: \_\_\_\_\_

*(Do not list a number or email address where calls, faxes, emails or pages could be received by the other party or anyone you do not want receiving them; rather, give a secure number or email address, or call us later when you obtain such safe contact information. We STRONGLY suggest that you create a new email account with a new password for any communications with us.) (Only List "Safe" Numbers)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

May we leave messages on voicemail/answering machine at these numbers? \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(County, State)

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City/State Zip

Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_

Employed since: \_\_\_\_\_ Gross annual income: \$ \_\_\_\_\_

Please state your educational and vocational training (include number of years your attended high school and college, if applicable): \_\_\_\_\_

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

**Alternate Contact Information:**

Please provide the name of someone (friend or relative) you believe will always know how to contact you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

May we send mail to this address? \_\_\_\_\_

**Opposing Party/Spouse's Information:**

Opposing Party's Attorney: \_\_\_\_\_

Other Parent's Name

\_\_\_\_\_

Last

First

Middle

Maiden

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_ How long at address: \_\_\_\_\_

Number of Marriages: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(County, State)

Opposing Party's Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_

Employed since: \_\_\_\_\_ Gross annual income: \$ \_\_\_\_\_

Were you previously married to the parent? \_\_\_\_\_

Please state your spouse's educational and vocational training (include number of years he or she attended high school and college, if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child/Children Information:**

Children **involved** in this action:

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 4. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children from **other** marriage/relationship:

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Other Parent: \_\_\_\_\_  
2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Other Parent: \_\_\_\_\_  
3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**Child Support/Custody:**

Is there a custody order in place? \_\_\_\_\_

Is there a Child Support Order in place? \_\_\_\_\_ If so for which children: \_\_\_\_\_  
Monthly Amount: \$ \_\_\_\_\_

If there is a court order regarding custody/child support indicate the last court date, and the County involved.  
\_\_\_\_\_

Is any other income, such as Social Security, being received for the children? \_\_\_\_\_

Weekly cost of childcare \$ \_\_\_\_\_ and/or child portion of health insurance \$ \_\_\_\_\_

Is there any dispute about paternity? \_\_\_\_\_

Briefly explain custody and visitation is currently arranged as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain how you want custody and visitation to be ordered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Problems and Medications (Including Psychiatric Treatment)**

You: \_\_\_\_\_

Other Parent: \_\_\_\_\_

Child/Children: \_\_\_\_\_

**Criminal Record (IF ANY) of You and the Other Parent:**

You: \_\_\_\_\_

Other Parent: \_\_\_\_\_

**Are you paying child support or alimony as a result of previous relationships or marriages? \_\_\_\_\_**

**If yes, list to who paid and the amount: \_\_\_\_\_**

**Have you ever petitioned Family Court for support or other relief concerning your spouse/other parent? Vice versa? If so, when? \_\_\_\_\_**

**MONTHLY EXPENSES**

Rent: \_\_\_\_\_

Utilities: \_\_\_\_\_

Other Bills: \_\_\_\_\_

**INCOME (MONTHLY)**

Your Gross Income: \$ \_\_\_\_\_ Take Home Pay: \$ \_\_\_\_\_

Other Parents Income: \$ \_\_\_\_\_ Take Home Pay: \$ \_\_\_\_\_

Any other income you may have (ie: Rental Property, Alimony, Child support, Interest/Dividend, Disability)

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

Any other income of other parent: (ie: Rental Property, Alimony, Child support, Interest/Dividend, Disability)

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