



## 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: \_\_\_\_\_

# Marital 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? \_\_\_\_\_

**Marriage Information:**

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

Date of Separation: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

Are you paying or receiving any spousal support? Yes/No If so, how much? \_\_\_\_\_

Have you and your spouse reached any agreement in regards to:

Division of Property \_\_\_\_\_

Financial Arrangements \_\_\_\_\_

Child Custody/Support \_\_\_\_\_

Spousal Support \_\_\_\_\_

If you answered yes to any of the above please briefly explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I DO NOT want my former name restored

\_\_\_\_\_ I DO want my former name restored as follows: \_\_\_\_\_

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

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

Spouse'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: \$ \_\_\_\_\_

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 from **this** marriage:

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

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

Children from **other** marriage/relationship:

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Other Parent: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**Child Support/Custody:**

Is there a Child Support Order in place: \_\_\_\_\_ For which children: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

If there is a court order regarding child support indicate the last court date, and the Judge involved.

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

Monthly 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MONTHLY EXPENSES**

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

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

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

**INCOME (MONTHLY)**

Any other income you may have:

Rental Property: \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_

Child support: \$ \_\_\_\_\_ Interest/Dividend: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_

Any other income of spouse:

Rental Property: \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_

Child support: \$ \_\_\_\_\_ Interest/Dividend: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_

**ASSETS**

Property: (Real Estate/ Titled Property)

\_\_\_\_\_ Value: \$ \_\_\_\_\_ Mortgage/Lien: \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_ Mortgage/Lien: \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_ Mortgage/Lien: \_\_\_\_\_

Bank Accounts:

Number of accounts held in your name? \_\_\_\_\_ Number of accounts held in spouse's name? \_\_\_\_\_

Number of accounts held jointly? \_\_\_\_\_ Total Approximate Value: \_\_\_\_\_

Automobiles:

Make/Model/ Owner \_\_\_\_\_ Value:\$ \_\_\_\_\_ Lien: \_\_\_\_\_

Make/Model/ Owner \_\_\_\_\_ Value:\$ \_\_\_\_\_ Lien: \_\_\_\_\_

Make/Model/ Owner \_\_\_\_\_ Value:\$ \_\_\_\_\_ Lien: \_\_\_\_\_

**Additional Information**

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

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

Spouse: \_\_\_\_\_

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

**Criminal Record (IF ANY) of You and Your Spouse:**

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

Spouse: \_\_\_\_\_

**Do either you or your spouse presently have any personal injury or worker's compensation claim? (if so explain)** \_\_\_\_\_

\_\_\_\_\_

**Have you ever filed any legal papers in Family Court in connection with this marriage? If yes, when?**

\_\_\_\_\_

**Have you ever retained or consulted with any other lawyers in connection with this marriage? If yes, explain.** \_\_\_\_\_  
\_\_\_\_\_

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

**What is your spouse's drinking habits or drug use?** \_\_\_\_\_  
\_\_\_\_\_

**Has your spouse physically abused you? \_\_\_\_\_ If so, state time and circumstances:** \_\_\_\_\_  
\_\_\_\_\_

**Do you suspect infidelity on the part of your spouse? \_\_\_\_\_ If so, state time and circumstances:** \_\_\_\_\_  
\_\_\_\_\_

**If the answer to any of the above three (3) questions is yes – please list names and addresses of witnesses:** \_\_\_\_\_  
\_\_\_\_\_

**Has your spouse made any allegations against you concerning alcohol or drug abuse, adultery or physical cruelty? \_\_\_\_\_ If so, please state circumstance in detail:** \_\_\_\_\_  
\_\_\_\_\_

**Have you been married before? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give name of spouse, date of marriage, and date of divorce** \_\_\_\_\_  
\_\_\_\_\_

**Are you paying child support or alimony as a result of previous relationships or marriages? \_\_\_\_\_ If yes, list to who paid and the amount:** \_\_\_\_\_  
\_\_\_\_\_

**Circle the relief you desire. In addition, put asterisks (\*) by those which have been negotiated or upon which agreement has been made.**

- |   |     |                             |    |     |                                                |
|---|-----|-----------------------------|----|-----|------------------------------------------------|
| A | ___ | Complete Divorce            | X  | ___ | Children's Education                           |
| B | ___ | Separation                  | Y  | ___ | Property Taxes                                 |
| C | ___ | Child Custody               | Z  | ___ | Income tax refunds and rebates                 |
| D | ___ | Child Support               | AA | ___ | Restraining Orders (disposing of assests)      |
| E | ___ | Visitation                  | BB | ___ | Restraining Orders (personal contact)          |
| F | ___ | Alimony (periodic)          | CC | ___ | Automobile                                     |
| G | ___ | Alimony (lump Sum)          | DD | ___ | Furniture and appliances                       |
| H | ___ | Property Division           | EE | ___ | Other Personal Property                        |
| I | ___ | Medical Expenses            | FF | ___ | Savings Accounts                               |
| J | ___ | Hospital Insurance          | GG | ___ | Dependency exemptions                          |
| K | ___ | Life Insurance or Annuities | HH | ___ | Stocks and Bonds                               |
| L | ___ | Mortgage Insurance          | II | ___ | Education/training to become employed          |
| M | ___ | Other Insurance             | JJ | ___ | Constructive/ Resulting trust (specify equity) |
| N | ___ | Pension Plan                | KK | ___ | Partition of Real Estate                       |
| O | ___ | Profit Sharing Plan         | LL | ___ | Corporate or partnership dissolution           |
| P | ___ | Attorney's Fees             | MM | ___ | Equitable share of property in general         |
| Q | ___ | Costs (Court)               | NN | ___ | Name Change                                    |
| R | ___ | Costs (Mediation)           | OO | ___ | Other _____                                    |
| S | ___ | Mortgage Payments (Rent)    |    |     | _____                                          |
| T | ___ | Social Security             |    |     | _____                                          |
| U | ___ | VA Benefits                 |    |     |                                                |
| W | ___ | Other Benefits              |    |     |                                                |

\*\*\*\*\* You many not legally be entitled to all in the above list but that will be discussed as this is reviewed during our interview. If you have any additions, please explain below.

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