

**PROSPECTIVE MATRIMONIAL
CLIENT CONSULTATION**

The purpose of an initial consultation is for us to provide you with an explanation of the divorce process or the process of enforcement/modification of a settlement agreement. We will NOT render a definitive legal opinion as it may be impossible to fully assess your case within the initial consultation. We recommend that whomever you choose for your attorney, they should be someone with whom you are comfortable. This is an emotional process which requires talking about personal and financial issues. The following questions will help us to understand you and your family's needs. Your responses are protected by attorney-client privilege and will be held in strict confidence.

Client's Full Name: _____

Street: _____ **Apt. No:** _____

City: _____ **Zip Code:** _____

Phone: _____ **E-mail:** _____

Are you known by any other name(s)? _____

How would you like to be contacted? **phone** **e-mail**
(please circle preference)

Your Previous Address: _____

How long did you live at your previous address? _____

Do you want your mail sent to your home address? **No** **Yes**
(please circle preference)

If NOT, please tell us to whom you would like your mail to be sent:

Mailing Address Name: _____

Street: _____ **Apt. No.:** _____

City: _____ **State:** ____ **Zip code:** _____

Your relationship with the person receiving your mail: _____

Your Employment Information:

Employer: _____

Address: _____ **Suite No.:** _____

City: _____ **State:** _____ **Zip Code:** _____

Your Job Title: _____

Annual Income: _____

SPOUSE'S INFORMATION

Spouse's Full Name: _____

Spouse's Address: _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Spouse's Employment Information:

Employer: _____

Address: _____ Suite No.: _____

City: _____ State: _____ Zip Code: _____

Spouse's Job Title: _____

Annual Income: _____

MARITAL INFORMATION

Date of Marriage: _____ Location: _____

Religious or Civil Ceremony? _____

Names and dates of birth for the children of this marriage:

1. _____ Date of Birth: _____

2. _____ Date of Birth: _____

3. _____ Date of Birth: _____

4. _____ Date of Birth: _____

5. _____ Date of Birth: _____

Do any of your children have special needs? Please explain:

Do you anticipated a dispute regarding custody? _____

Is there a restraining order in effect? _____

Have you been married previously? _____ If yes, date of divorce: _____

Names and dates of birth of children from a previous marriage:

1. _____ **Date of Birth:** _____
2. _____ **Date of Birth:** _____
3. _____ **Date of Birth:** _____
4. _____ **Date of Birth:** _____
5. _____ **Date of Birth:** _____

Are you here today to discuss an enforcement/modification of a settlement agreement in a divorce action? YES NO Date of Divorce: _____

Have you received any papers that indicate the beginning of a legal proceeding? _____ If so, did you bring them with you today? YES NO

Please classify your urgency in this matter: (Please check one)

- Critical** Personal safety of you or a family member depends on it.
- Very Important** Severe hardship, personal and/or financial inconvenience if matters are not addressed immediately
- Important** Interferes with personal financial stability.
- Needs to be done**-There is no immediate hardship in the interim.
- I need to know what my rights are**- I want to think about this more.

How did you hear about the Law Offices of Lisa M. Black LLC?

FOLLOWING THIS CONSULTATION

There may be one of three outcomes following this consultation.

1. You and the attorney mutually agree to the terms of representation and you decide to sign a separate document called a Retainer Agreement. You need not sign anything at this meeting.
2. You decide not to use our services.
3. The Law Offices of Lisa Black may decline to represent you.