

For Office Use Only:
Fee Quoted: _____ Hourly Rate: _____ or Flat
Deposit Amount: _____
Fee Agmt. Provided: Y or N
Scope of Representation: _____
Upcoming Court Date: _____

Attorney: _____ Referred By: _____

**INITIAL INTERVIEW FORM
FAMILY LAW**

TODAY'S DATE: _____ ATTORNEY: _____

REGARDING/MATTER: _____

COURT DATE(S): _____ REFERRED BY _____

EMAIL ADDRESS: _____

PERSONAL INFORMATION OF CLIENT:

FULL LEGAL NAME: _____

ALIAS(ES): _____ NICKNAME: _____

ADDRESS: _____

CITY/COUNTY IN WHICH YOU LIVE: _____

MAILING ADDRESS: _____

CITY/COUNTY: _____ STATE: _____ ZIP: _____

HOME PHONE NO. _____ CELL PHONE NO. _____

WORK PHONE NO. _____

BEST PLACE TO CONTACT YOU: _____

DATE OF BIRTH: _____ STATE WHERE BORN: _____

SSN: _____ DRIVER'S LICENSE NO. _____

EDUCATION: _____ RACE: _____ SEX: _____

Olmstead & Olmstead, P.C. Rev. 10/13
Initial Consultation Form (Family Law)

Disclaimer: This form provided at www.olmsteadlawyers.com is designed to provide general information to the public and is not intended to offer legal advice. The firm does not intend to create an attorney client relationship by offering this information and use of any information given on this site shall not be deemed to create an attorney-client relationship. If you wish to inquire about the firm's services, please contact us.

EMPLOYER: _____

EMPLOYER ADDRESS:

JOB TITLE: _____ SALARY: _____

PAID WEEKLY, BIWEEKLY, MONTHLY? _____

ANY OTHER SOURCE OF INCOME? _____

IF YES, STATE THE AMOUNT & SOURCE:

PERSONAL INFORMATION OF OPPOSING PARTY:

IS THE OPPOSING PARTY REPRESENTED BY COUNSEL? _____

IF YES, NAME & PHONE NO. _____

NAME: _____

ALIASES: _____ NICKNAME: _____

ADDRESS: _____

COUNTY/CITY IN WHICH YOU LIVE: _____

HOME PHONE NO. _____ WORK PHONE NO. _____

DOB: _____ STATE WHERE BORN: _____

SSN: _____ DRIVER'S LICENSE NO. _____

EDUCATION: _____ RACE: _____ SEX: _____

EMPLOYER: _____

EMPLOYER ADDRESS:

Olmstead & Olmstead, P.C.

Rev. 10/13

Initial Consultation Form (Family Law)

Disclaimer: This form provided at www.olmsteadlawyers.com is designed to provide general information to the public and is not intended to offer legal advice. The firm does not intend to create an attorney client relationship by offering this information and use of any information given on this site shall not be deemed to create an attorney-client relationship. If you wish to inquire about the firm's services, please contact us.

JOB TITLE: _____ SALARY: _____

PAID WEEKLY, BIWEEKLY, MONTHLY: _____

ANY OTHER SOURCE OF INCOME? _____

IF YES, STATE THE AMOUNT & SOURCE: _____

MARRIAGE:

DATE OF MARRIAGE: _____ LENGTH OF MARRIAGE: _____

STATE WHERE MARRIED: _____

COUNTY/CITY WHERE MARRIED: _____

RESIDENT & DOMICILIARY OF VIRGINIA? _____ HOW LONG? _____

ADDRESS OF WHERE YOU LIVED AS HUSBAND & WIFE:

COUNTY/CITY OF:

NAMES & RELATIONSHIP OF ALL PERSONS LIVING IN THE HOME:

DATE OF SEPARATION: _____

CIRCUMSTANCES THAT LED TO YOUR SEPARATION:

CHILDREN:

FULL NAME	DATE OF BIRTH	AGE	IN THE CUSTODY OF	SCHOOL ATTENDING

PENDING COURT DATES? _____

HAS A SUIT BEEN FILED WITH THE COURTS? _____

ARE THERE ANY COURT ORDERS IN PLACE? _____

ARE YOU RECEIVING CHILD SUPPORT? _____

AMOUNT? _____ HOW OFTEN? _____

ARE YOU RECEIVING SPOUSAL SUPPORT? _____

AMOUNT? _____ HOW OFTEN? _____