THE MYERS FIRM, P.A.

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FAMILY LAW INTAKE FORM

Case Type:

Retained Yes/No

DATE: _____

CLIENT'S FULL NAME: _____

MAIDEN/FORMER NAME (if applicable): _____ Do you wish this name to be restored? (*circle one*): YES NO SOCIAL SEC. NO.:

_____-_____-_____

ADDRESS: _____

_____

DATE OF BIRTH: _____/_____/_____

TELEPHONE:

Home: (_____) _____-_____

Cell: (_____) _____-_____

Work: (_____) _____-_____

PREFERRED CONTACT NUMBER (circle one): Home Cell Work

EMAIL: _____

Email Communication & Transmission Consent

_____ I consent to the law firm transmitting documents, pleadings, messages and other relevant case material/information to the above email address.

CLIENT EMPLOYMENT INFORMATION:

Employer Name: _____

Employer Address: _____

Occupation: _____

Current Income: _____

OPPOSING SPOUSE/PARTY'S INFORMATION:

NAME: _____

SOCIAL SEC. NO.: _____-_____-_____

ADDRESS:

_____

_____

EMAIL ADDRESS

_____

DATE OF BIRTH: _____/_____/_____

TELEPHONE:

_____

Home: (_____) _____-_____

Cell: (_____) _____-_____

Work: (_____) _____-_____

OPPOSING SPOUSE/PARTY'S EMPLOYMENT INFORMATION:

Employer Name: _____

Employer Address: _____

_____

Occupation: _____

Current Income: _____

Is the other party represented by an attorney? (circle one): **YES NO UNKNOWN**

If so, who: _____

MARRIAGE INFORMATION

If this is regarding a Dissolution of Marriage (Divorce), please provide the following information:

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

DATE OF SEPARATION: _____ DATE OF DIVORCE: _____ (if modification case)

COUNTY AND STATE WHERE MARRIAGE TOOK PLACE: _____

CHILDREN INFORMATION

Are children involved in this action? (circle one): YES NO

If so, how many children are under 18 years of age: _____

Please provide the following information regarding each child:

FIRST CHILD

CHILD'S NAMES _____

DATE OF BIRTH: _____/_____/_____

PLACE OF BIRTH _____

SOCIAL SEC. NO.: _____-_____-_____

ADDRESS: _____

_____

WITH WHOM DOES THE CHILD RESIDE? MOTHER FATHER OTHER Please list all persons residing with the child: _____

SECOND CHILD

CHILD'S NAMES _____

DATE OF BIRTH: _____/_____/_____

PLACE OF BIRTH _____

SOCIAL SEC. NO.: _____-_____-_____

ADDRESS: _____

_____

WITH WHOM DOES THE CHILD RESIDE? MOTHER FATHER OTHER Please list all persons residing with the child: _____

_____

__ THIRD CHILD

CHILD'S NAMES _____

DATE OF BIRTH: _____/_____/_____

PLACE OF BIRTH _____

SOCIAL SEC. NO.: _____-_____-_____

ADDRESS: _____

_____

WITH WHOM DOES THE CHILD RESIDE? MOTHER FATHER OTHER Please list all persons residing with the child: _____

_____

__ FOURTH CHILD

CHILD'S NAMES _____

DATE OF BIRTH: _____/_____/_____

PLACE OF BIRTH _____

SOCIAL SEC. NO.: _____-_____-_____

ADDRESS: _____

_____

WITH WHOM DOES THE CHILD RESIDE? MOTHER FATHER OTHER Please list all persons residing with the child: _____

_____

__ FIFTH CHILD

CHILD'S NAMES _____

DATE OF BIRTH: _____/_____/_____

PLACE OF BIRTH _____

SOCIAL SEC. NO.: _____-_____-_____

ADDRESS: _____

_____

WITH WHOM DOES THE CHILD RESIDE? MOTHER FATHER OTHER Please list all persons residing with the child: _____

_____

PLEASE PROVIDE THE ADDRESSES WHERE THE CHILD(REN) HAVE LIVED FOR THE PAST FIVE YEARS AND WITH WHOM:

FROM _____ TO _____

WITH (circle all that apply): MOTHER FATHER OTHER ADDRESS:

_____

_____

FROM _____ TO _____

WITH (circle all that apply): MOTHER FATHER OTHER ADDRESS:

_____

_____

FROM _____ TO _____

WITH (circle all that apply): MOTHER FATHER OTHER ADDRESS:

_____

_____

FROM _____ TO _____

WITH (circle all that apply): MOTHER FATHER OTHER ADDRESS:

_____

_____

FROM _____ TO _____

WITH (circle all that apply): MOTHER FATHER OTHER ADDRESS:

_____

_____

HOW LONG HAVE YOU RESIDED IN THE STATE OF FLORIDA? _____ HOW LONG HAVE YOU RESIDED IN THE COUNTY OF YOUR RESIDENCE? _____ HAVE YOU EVER BEEN ARRESTED? (circle one): YES NO

If yes, please explain:

_____

_____

_____

NATURE OF SUIT, CLAIM OR INCIDENT

Please provide a brief description for the matter in which you are seeking legal advise/representation regarding (please provide any additional names, addresses and phone numbers not previously listed):

_____

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HOW DID YOU HEAR ABOUT OUR FIRM?

_____

_____

CONSULTATION TERMS AND CONDITIONS

Purpose. The purpose of the initial consultation with our firm is for us to: (a) learn about you and your particular legal needs based on the information you provide; (b) answer your questions to the best of our ability; (c) identify your options and, to the extent possible, analyze the costs and benefits of alternatives; (d) help you determine your course of action, if any; and (e) discuss our fees and terms of representation if an attorney-client relationship is to be established after the consultation.

Confidentiality. All information and documents that you provide to us at the consultation shall remain strictly confidential, whether or not you decide to retain us to provide legal services, except as authorized by you or otherwise provided under the applicable Rules of Professional Conduct or other law.

Limited Scope. No attorney-client relationship is intended to be established by the consultation. The consultation is a limited scope service provided by us to help you determine whether you may want to retain us to provide legal services. At the conclusion of the consultation, there is no obligation for you to retain us, nor do we have an obligation to provide services to you, unless mutually agreed.

Retainer Agreement Required. Following the consultation, if you agree to retain us, and if we agree to provide services to you, then we will prepare a separate, more detailed Retainer Agreement to be executed by both parties. The Retainer Agreement will set forth the terms and conditions of our representation of you, including our fees and the specific services to be performed by us.

Consultation Fee. If you do not retain us, you are responsible to pay a consultation fee at the reduced rate of $325.00 per hour for the in-office consultation with the attorney.

I understand and agree to the terms and conditions set forth above concerning my consultation meeting, and I understand that this meeting is limited in scope and will not establish an attorney-client relationship

Signature:

By: _____

Printed Name: _____