

HOFHEIMER | FERREBEE P.C.

THIS IS A CONFIDENTIAL DOCUMENT PROTECTED
BY THE ATTORNEY/CLIENT PRIVILEGE

DATE: _____

CLIENT INFORMATION:

Full Legal Name (as it appears on legal documents, i.e. your Social Security card) _____ Nickname _____

List any & all former names used _____

Full Maiden Name _____

Current Address with ZIP code (Where you currently live) _____

Safe MAILING Address with ZIP code (if different from current address) _____

Safe E-mail Address _____

May we contact you by email? Y or N

Primary Phone Number _____

(Please provide a number where you can be reached most often and a description. Ex. Home, Work, Cell)
Additional Spouse Safe Phone Numbers (Only provide a number if we can safely call you at that location)

Home Phone _____

Cell Phone _____

Pager _____

Other Phone (Provide Description: Ex. Relative or Friend) _____

Occupation _____

Employer _____

Employers Address with Zip Code _____

Work Phone Number _____

Work Fax Number _____

Approximate annual income _____

Education level _____

Degrees Obtained _____

Professional Certificates/Licenses _____

Social Security Number _____

Driver License # _____

State Issued _____

Date of birth _____

Place of birth _____

Immigration status _____

Race _____

How long have you resided in Virginia? _____

Number of this marriage (first,second,etc.) _____

OPPOSING PARTY INFORMATION:

Relationship (Husband, Ex-husband, child's father, etc.)

Full Legal Name (as it appears on legal documents i.e. on Social Security card)

Current Address with ZIP code

Home Phone

Work Phone

Occupation

Military Rank/Grade

Employer

Employers Address with Zip Code

Approximate annual income

Education level

Degrees Obtained

Professional Certificates/Licenses

Social Security Number

Driver License #

State Issued

Date of birth

Place of birth

Immigration status

Race

Number of this marriage (first,second,etc.)

His lawyers name, if you know.

MARRIAGE INFORMATION:

Date of Marriage

Place of Marriage

Date of Separation

Which Party Left?

Do you wish to resume your MAIDEN name? Yes or No

Full address where you last resided as Husband and Wife?

CHILD INFORMATION: (Please advise if child is adopted)

Give full name

Age

SSN

Date of birth

Children of other marriages (either party)

What brought you to this office?

_____ Second Saturday Conducted by : _____
_____ Virginian Pilot _____ Tidewater Women _____ Tidewater Parent
_____ Yellow Pages _____ Internet: www. _____ .com
_____ Referred by someone, if so, whom _____
_____ Radio _____ Other _____

Have you received our Divorce book? Yes ___ or No ___ If yes, how did you receive a copy?

_____ Web _____ Therapist _____ 2nd Saturday _____ Radio _____ Other _____

Have you received our Custody book? Yes ___ or No ___ If yes, how did you receive a copy?

_____ Web _____ Therapist _____ 2nd Saturday _____ Radio _____ Other _____

As you consider divorce, what are the three fears that keep you up at night?

1.) _____
2.) _____
3.) _____

Would you like to receive more valuable information every Virginia woman should know about divorce?

Yes ___ No ___

Would you like to receive information about protecting your children and assets in the event something happens to you?

Yes ___ No ___

I am aware and agree to pay a \$200.00 charge for today's consultation with an attorney. The \$200.00 fee is due upon arrival for the appointment. Any follow up appointments within the next 12 months will be billed at the attorney's hourly rate.

Signature

Additional appointments will be charged at the attorney's hourly rate.

INTERNAL USE ONLY:

ASSIGNED: CRH KDH MED JDT SRH SDL WNG SECONDARY: CRH KDH MED JDT SRH SDL WNG

Paralegal: TLP LL DWH REL KMB TMW

Atty Initials

Retainer: _____ **Other:** _____ **Fee Security deposit:** _____

Type of Case: Divorce/Separation/Custody/Other: _____

Case analysis dictated or notes included (**circle one**) **CONFLICT CHECK BY:** _____