

CLIENT INFORMATION SHEET - Divorce & Family Law

YOUR INFORMATION: Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Work: _____ Email: _____

Cellular: _____ Facsimile: _____ Other: _____

Date of Birth: _____ Social Security No.: _____ Years in Nevada: _____

Driver's License No.: _____ State it was issued in: _____

Employer's Name and Address: _____

Present Occupation: _____ Salary Gross \$ _____ Per: _____

How did you hear about this office? _____

ADVERSE PARTY: Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Work: _____ Other: _____

Date of Birth: _____ Social Security No.: _____ Years in Nevada: _____

Employer's Name and Address: _____

Present Occupation: _____ Salary Gross \$ _____ Per: _____

CURRENT RELATIONSHIP AT ISSUE

Issue you need to discuss today: _____

If married: date, city and state married: _____

If you are not living together now, date of separation: _____ Who moved? _____

If you are already divorced from the other party in this action date of divorce: _____

Has there ever been any physical abuse, verbal abuse, infliction of disease, or harm by either party? If so, provide details: _____

Has there ever been any street drug use, prescription drug abuse, alcohol abuse, or gambling by either party? If so, provide details: _____

CHILDREN OF YOURS WITH THE ADVERSE PARTY:

CHILD'S COMPLETE NAME	AGE	DATE OF BIRTH	SOC. SECURITY NUMBER	WHO CHILD LIVES WITH

Have you discussed this issue with your spouse/partner: _____ Have any papers been filed with court: _____

CUSTODY AND VISITATION: Current Order for Custody and Visitation/timeshare _____
 _____ D

Desired Physical Custody Arrangement: Joint _____ Mother _____ Father _____

Desired Visitation Arrangement: _____
 _____ V

Visitation should be: Unsupervised _____ Supervised _____ If Supervised is being requested, please explain why: _____

CHILD SUPPORT: Is there an order for child support? No ____ Yes ____ Do you: pay or receive (circle one)
 If yes, specify amount: \$ _____ Have all payments been made? Yes ____ No ____ If no, specify amount owed: \$ _____ Please specify whether any of the children at issue have special needs, (tutor, medical care, etc.): _____

Who provides medical insurance for the child(ren) at issue? Mother _____ Father _____ Both _____

Are there any unreimbursed medical expenses? Yes ____ No ____ If yes state amount \$ _____

DO YOU AND YOUR SPOUSE HAVE A WILL OR A TRUST? _____

SPOUSAL SUPPORT: Is there an order for spousal support? No ____ Yes ____ Do you: pay or receive (circle one)
 If yes, specify amount: \$ _____ Are payments current? Yes ____ No ____ If no, specify amount owed: \$ _____ Special circumstances: (include such items as rehabilitative training, disability, lack of education or work experience, medical problems etc.): _____

If a change in support is sought, please specify why: _____

OTHER CHILDREN OF YOURS OR OF THE ADVERSE PARTY:

CHILD'S COMPLETE NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	WHO CHILD IS CURRENTLY LIVING WITH

ARE THERE NOW, OR HAVE THERE BEEN ANY OTHER COURT ACTIONS IN THIS OR ANY

OTHER STATE? If so, please state: _____

YOUR SUBSEQUENT MARRIAGES (IF APPLICABLE): If this is a post-divorce or custody proceedings and

have since remarried: Name of current spouse: _____ Date of Marriage: _____

EX'S SUBSEQUENT MARRIAGES (IF APPLICABLE): If this is a post-divorce or custody matter and your

spouse has remarried: Name of current spouse: _____ Date of Marriage: _____

WHAT ARE THE WORST THINGS THE OTHER PARTY MIGHT SAY ABOUT YOU (TRUE OR NOT) ?

OTHER INFORMATION ABOUT YOU: *Our best representation is on cases where we are fully informed of your complete situation. We are not here to judge, but to provide you the very best legal representation possible, we need to know the good, the bad and the ugly. Everything remains confidential.* _____

I understand and agree that this consultation does not construe an attorney client relationship between myself and Rocheleau Law Group, however anything discussed remains confidential and protected from disclosure. If my case is accepted and I retain Rocheleau Law Group, I understand that I must pay a monetary retainer determined by the Rocheleau Law Group and provided in an "Engagement Letter".

Agreed and Accepted by: _____ Date: _____