



**GARDNER & SMITH** PLLC  
— ATTORNEYS —

**New Client Consultation Sheet**

Date: \_\_\_\_\_, 2016

**Your Information**

Your Full Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last) (First) (Middle)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_  
(Number) (Street) (Apt.#) (City) (State) (Zip Code)

How long in this county?: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Safe E-mail Address: \_\_\_\_\_

May we send monthly invoice(s) to your email address?  Yes  No

Your current automobile: \_\_\_\_\_  
(Year) (Make) (Model) (Color) (License Plate # and State)

Place & Address of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Approximate Annual Income: \$ \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Work Contact: \_\_\_\_\_

PREFERRED PHONE CONTACT:  Home  Cell  Work

PREFERRED MAILING ADDRESS: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

**Opposing Party/Other Parent Information** (Please circle one)

Full Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last) (First) (Middle)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_  
(Number) (Street) (Apt.#) (City) (State) (Zip Code)

How long in this county?: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current automobile: \_\_\_\_\_  
(Year) (Make) (Model) (Color) (License Plate # and State)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Glasses?: \_\_\_\_\_ Beard?: \_\_\_\_\_

Opposing Party's Place & Address of Employment: \_\_\_\_\_

Opposing Party's Occupation: \_\_\_\_\_ Approximate Annual Income: \$ \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Work Contact: \_\_\_\_\_

**Marriage Information**

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(City) (State)

Date of Separation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Does Wife Want Maiden Name Restored? \_\_\_Yes \_\_\_No

**Child/Children Information**

Full Legal Name (Last, First, Middle): DOB: Sex: Birth Place (City, State): SSN:

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**Children's Health Insurance**

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_

Provided Through:  Father's Employer  Mother's Employer  Medicaid  CHIP  
 Other  None  Private Who Pays? \_\_\_\_\_

**For Office Use Only**

Type of Matter: \_\_\_\_\_

Retainer Amount: \$\_\_\_\_\_ Date Paid: \_\_\_\_\_

Date of Initial Consultation: \_\_\_\_\_ [\_\_\_\_\_ in office / \_\_\_\_\_ by Phone]

Referred By: \_\_\_\_\_

Referred To: \_\_\_\_\_