

CLIENT INFORMATION
DATE: _____

THE WASHINGTON STATE BAR ASSOCIATION REQUIRES THE ATTORNEY TO MAINTAIN MINIMUM RECORD INFORMATION RE ALL POTENTIAL CLIENTS. PLEASE PROVIDE AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE ABOUT YOUR CASE. THIS WILL ASSIST US WITH PREPARATION OF DOCUMENTS, ETC.

What is the Nature of the Service you are Seeking?

<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Custody	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Paternity
<input type="checkbox"/>	Visitation Problems	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Mod of PP / CS		
<input type="checkbox"/>	Relocation	<input type="checkbox"/>	Contempt	<input type="checkbox"/>	Other:		
<input type="checkbox"/>	Estate Planning	<input type="checkbox"/>	Probate				

Name: _____ SS#: **Provide During Consult** DOB: _____
 Email: _____ DL#: _____
 Street Address: _____ Mailing Address: _____

 Home Phone: _____ Cell Phone: _____
 Employer: _____ Employer Phone: _____
 Employer Address: _____ Occupation: _____
 How long at Present Job: _____
 Salary: _____

Please provide information about the other Party: I.E., Spouse, Ex-Spouse, Significant Other, Other Parent

Name: _____ SS#: Provide During Consult DOB: _____
 Email: _____ DL#: _____
 Street Address: _____ Mailing Address: _____

 Home Phone: _____ Cell Phone: _____
 Employer: _____ Employer Phone: _____
 Employer Address: _____ Occupation: _____
 How long at Present Job: _____
 Salary: _____

Date of Marriage: _____ City & State of Marriage: _____
 Date Started Residing Together: _____
 Date of Separation: _____ Date of Divorce: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING ALL OF YOUR CHILDREN.

Name: SS#: Provide During Consult DOB:

CHILD'S ADDRESS:

This child is the biological child of the parent listed above.

Name: SS#: Provide During Consult DOB:

Child's Address:

This child is the biological child of the parent listed above.

Name: SS#: Provide During Consult DOB:

Child's Address:

This child is the biological child of the parent listed above.

Name: SS#: Provide During Consult DOB:

Child's Address:

This child is the biological child of the parent listed above.

If any child listed above is NOT the biological child of the parent listed above, please indicate below information pertaining to the other biological parent and/or party, even though this case may not involve that parent and/or party:

Name: SS#: Provide During Consult DOB:

EMAIL:

Street Address:

Mailing Address:

Home Phone:

Cell Phone:

Employer:

Employer Phone:

COUNTY AND CAUSE NUMBER OF ANY PENDING or PREVIOUS LEGAL ACTIONS:

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF.

What is your highest level of Education?

College attended & Date of Graduation?

List any professional Degrees / Honors?

Have you ever filed Bankruptcy?

Do you own your own Home?

List Name and Address of closest living Relative:

Phone Number:

Have you / Other party ever been convicted of any crimes?

If so, list the Offenses, the dates of Offenses and what Sentence was imposed by the Court?

You:

Other Party:

List any Litigation or Court action in which you have been involved and the capacity of involvement?

Do you / other party have any Drug and / or Alcohol Addictions? If so, please explain:

Military History?

Date of Discharge?

Honorable Discharge?

Who referred you to our Firm?

THERE IS A \$75.00 CONSULTATION FEE FOR THE CONSULTATION, PAYABLE AT THE TIME OF THE MEETING WITH TRESA A. SADLER. THIS FEE IS NON-REFUNDABLE, BUT MAY BE APPLIED AGAINST FUTURE SERVICES IF ATTORNEY'S SERVICES ARE RETAINED AT A LATER DATE.

THE INFORMATION I HAVE PROVIDED IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT THERE IS A CONSULTATION FEE UNLESS OTHERWISE AGREED.

SIGNATURE

DATE