

# BACKGROUND INFORMATION:

Today's Date: \_\_\_\_\_ How long have you lived in Indiana? \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Military Service: \_\_\_\_\_

May we mail correspondence to you at the above mailing address?  YES  NO

If no, mailing address: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Do you wish to return to maiden name?  YES  NO

Date of Marriage: \_\_\_\_\_ Place of marriage (County & State): \_\_\_\_\_

Are you still residing with your spouse?  YES  NO If no, date of separation: \_\_\_\_\_

Did you and your spouse enter into a pre-nuptial agreement?  YES  NO

## PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR SPOUSE/CHILD'S OTHER PARENT:

Spouse's/Parent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_ Military Service: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ When Started: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \_\_\_\_\_

\_\_\_\_\_

Is spouse/parent represented by counsel:  YES  NO Counsel's Name: \_\_\_\_\_

## IF YOU HAVE CHILDREN PLEASE COMPLETE ALL OF THE FOLLOWING:

Number of shared children: \_\_\_\_\_ Are you currently pregnant?  YES  NO

*Please complete the following about each child under the age of 18 and/or currently enrolled in school:*

| Child's Name | Date of Birth | Lives with whom | Social Security No. |
|--------------|---------------|-----------------|---------------------|
|--------------|---------------|-----------------|---------------------|

|       |       |   |       |
|-------|-------|---|-------|
| _____ | _____ | <input type="checkbox"/> Father <input type="checkbox"/> Mother | _____ |
|-------|-------|---|-------|

|       |       |   |       |
|-------|-------|---|-------|
| _____ | _____ | <input type="checkbox"/> Father <input type="checkbox"/> Mother | _____ |
|-------|-------|---|-------|

|       |       |   |       |
|-------|-------|---|-------|
| _____ | _____ | <input type="checkbox"/> Father <input type="checkbox"/> Mother | _____ |
|-------|-------|---|-------|

How many overnights does Mother regularly have with child(ren)? \_\_\_\_\_

How many overnights does Father regularly have with child(ren)? \_\_\_\_\_

Are child(ren) in day care?  YES  NO

If so, what is the weekly cost per child? \_\_\_\_\_

Who can we thank for the referral of you to our office: \_\_\_\_\_

***I understand that there is a fee of \$250.00 for this consultation, and that I am responsible for paying this fee before speaking with the attorney.***

***Please keep in mind that merely having an initial consultation with Watanabe Law Group, PC does not establish an attorney-client relationship with our firm. Watanabe Law Group, PC cannot represent you until the firm determines that it is able to accept the engagement as memorialized in the firm's standard representation agreement signed by you and the attorney. Therefore, unless and until a representation agreement is signed, I understand that Watanabe Law Group, PC has no obligation to take any actions on my behalf to protect or assert my legal interests or rights.***

Signature \_\_\_\_\_

Date \_\_\_\_\_