

THE GRABER LAW FIRM, PLLC

Please understand that all information contained herein is subject to attorney-client privilege and is held strictly confidential.

PLEASE PRINT ALL INFORMATION CLEARLY - THANK YOU!

Today's Date: _____

CLIENT INFORMATION:

First: _____ Middle: _____ Last: _____

MAILING ADDRESS: Please note- this is the address you will receive correspondence from our office.

Street Address/ P.O. Box: _____

City: _____ State: _____ Zip: _____

HOME ADDRESS: If your home address is different from the address listed above. Please provide us your home address here.

Check here if your mailing address is the same as your home address.

Street Address: _____

City: _____ State: _____ Zip: _____

TELEPHONE: Home: _____
 Work: _____
 Cell: _____

Please place a star (*) next to the best number to reach you at during regular business hours.

E-MAIL: Home: _____
 Work: _____
 I do not use e-mail.

Please place a star () next to the preferred email address where we can contact you.*

FASCIMILE: Home: _____
 Work: _____
 I do not have access to a facsimile machine

YOUR EMPLOYER: _____
 Address: _____
 City: _____ State: _____ Zip: _____

YEARLY SALARY: _____

HOW PAID? (monthly, bi-weekly, bi-monthly): _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

INFORMATION REGARDING OTHER PARENT/PARTY

FULL NAME OF OPPOSING PARTY: _____

MAIDEN NAME: (if applicable) _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: (Preferably not a PO Box)

HOME / CELL PHONE: (_____) _____

BUSINESS ADDRESS: (Preferably not a P.O. Box)

WORK PHONE NUMBER: (_____) _____

OPPOSING PARTY'S INCOME: _____/MONTH NET _____/MONTH GROSS

OPPOSING ATTORNEY (if known):

Name: _____

Address: _____

Tel: _____

HAVE YOU RECEIVED A SUMMONS, A COMPLAINT, OR ANY OTHER CORRESPONDENCE FROM AN OPPOSING ATTORNEY? _____

INFORMATION REGARDING CHILDREN (If applicable)

CHILDREN:	FULL NAME	SOCIAL SECURITY #	DATE OF BIRTH

**PLEASE ANSWER AS MANY OF THE FOLLOWING QUESTIONS AS POSSIBLE
(IF NOT APPLICABLE, PLEASE WRITE "N/A")**

DATE OF MARRIAGE: _____ COUNTY/STATE OF MARRIAGE _____/_____

DATE OF SEPARATION: _____ DATE OF DIVORCE DECREE: _____

VEHICLES: YEAR/MAKE/MODEL	MONTHLY PAYMENT	IN WHOSE NAME?	APPROXIMATE \$VALUE

DO YOU OWN A HOME? _____

MONTHLY PAYMENT: _____ INCLUDES TAXES & INS? _____

TOTAL MORTGAGE AMOUNT: _____ ESTIMATED FAIR MARKET VALUE: _____

DO YOU HAVE ANY 2ND MORTGAGES? _____

TOTAL AMOUNT _____ MTHLY PYMT _____

MY CASE CONCERNS: (Please check all that apply)

_____ CUSTODY _____ DIVORCE _____ SEPARATION AGREEMENT
_____ CHILD SUPPORT _____ ALIMONY _____ PROPERTY SETTLEMENT

PLEASE BRIEFLY DESCRIBE YOUR LEGAL QUESTION OR SITUATION:

IS THERE ANY ADDITIONAL INFORMATION YOUR ATTORNEY SHOULD KNOW:

WHAT IS YOUR EXPECTATION REGARDING YOUR ATTORNEY:

