



Today's Date: _____

FAMILY LAW CLIENT INFORMATION FORM

PLEASE COMPLETE THIS INFORMATION SHEET ACCURATELY BY PROVIDING THE BEST POSSIBLE INFORMATION TO ASSIST THE ATTORNEY IN PROVIDING YOU THE BEST POSSIBLE EVALUATION OF YOUR MATTER.

1. What type of matter do you need assistance with? _____
2. Have any papers been served on you? If so, when? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF:

3. Your Name: _____
4. Your Residence Address: _____
 City: _____ State: _____ Zip Code: _____
5. Your Mailing Address: _____
6. Home Phone #: _____ May we call this number? _____
7. Cell #: _____ Office #: _____ Other #: _____
8. Email Address: _____

Does the opposing party know your password? _____ May we contact you by E-Mail? _____

9. Age: _____ D/O/B: _____ S.S.#: _____ Occupation: _____
10. Employer: _____ Your Income from Employer: _____
- Business Address: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE OPPOSING PARTY:

11. Name: _____ Address: _____
12. City: _____ State: _____ Zip Code: _____
13. Home/Cell Phone #: _____ Office #: _____
14. Age: _____ D/O/B: _____ S.S.#: _____ Occupation: _____
15. Employer: _____ Income from Employment: _____
- Business Address: _____

For Office Use Only: Conflict Consultation D.L.

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR MARRIAGE:

16. Date of Marriage: _____ Place of Marriage: _____
Separation Date: _____ Date You Moved to Florida: _____
Wife's Full Maiden Name: _____
Did you have a Prenuptial Agreement? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD(REN)

17. Children Born or Adopted During this Marriage

Full Name:	Birthday:	Birthplace:	Age:	S.S. #:

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE REAL ESTATE YOU OWN:

18. Do you own a residence? _____ **If yes complete the following:**
Address: _____
Date of Purchase: _____ Purchase Price: _____
Amount of Down Payment: _____ Source: _____
Original Mortgage Amount: _____ Balance: _____
Monthly Mortgage Payment: _____
Current Value of this Property: _____

19. In whose name is this property titled to? _____
20. Who is living there now? _____
21. Do you or your spouse own any other real estate? _____
Address: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

22. Name of your (Ex) Spouse's Attorney: _____
23. Do you have an Attorney already representing you? _____
Attorney's Name: _____ Phone #: _____
24. WHO REFERRED YOU TO MY OFFICE? _____
May we contact the person who referred you to thank them? _____
25. Please identify your five (5) biggest areas of concern:

1.	
2.	
3.	
4.	
5.	

26. Please identify your spouse/opposing party's five (5) biggest areas of concern:

1.	
2.	

3.	
4.	
5.	

27. What is the goal you are hoping to achieve? _____

IF YOU ARE HERE WITH REGARD TO A MATTER CONCERNING A FORMER SPOUSE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

28. Date of Final Judgment Dissolving Your Marriage: _____
 State: _____ County: _____ Case #: _____
 29. Who was your Attorney? _____
 Your Spouse's Attorney? _____

IF YOU ARE WITH REGARD TO A MATTER THAT IS ALREADY IN PROGRESS, PLEASE COMPLETE THE FOLLOWING INFORMATION:

30. Are there any matters scheduled for a hearing? _____
 When? _____ What matter? _____
 Has a trial date been set? _____ When? _____

COVID PROTOCOLS: As we transition back to work in our office space our hours may vary. Prior to coming to the office please contact us by phone at (727) 584-2528 or by e-mail to Office@GaleHMoore.com to ensure we can address your needs when you arrive. For the safety of our staff and our clients it is required that anyone who has not been fully vaccinated against COVID19 must wear a mask in our building at all times. If you have any symptoms of sickness, known exposure to an individual testing positive for COVID19 or have a pending COVID19 test please do not come into the office.

UNDERSTAND THAT YOUR VISIT HERE MAY BE FOR A CONSULTATION ONLY. THE ATTORNEY DOES NOT REPRESENT YOU AND WILL NOT REPRESENT YOU UNTIL A WRITTEN AUTHORIZATION OF REPRESENTATION AND ATTORNEY'S FEE AGREEMENT ARE SIGNED BY BOTH YOU AND THE ATTORNEY. I HAVE READ THE FORGOING AND COMPLETED ALL INFORMATION REQUESTED TO THE BEST OF MY ABILITY.

OUR OFFICE EXPECTS CANDOR AND TRUTHFULNESS FROM YOU; OTHERWISE, WE WILL DECLINE YOUR CASE OR WITHDRAW IF REPRESENTATION IS ALREADY UNDERWAY.

Date: _____

Your Signature: _____