



INTAKE FORM

There is a consultation fee of \$125.00 for up to 30 minutes and \$200.00 for up to 60 minutes for each visit before retaining The Moore Law Group, P.L.L.C. Said consultation fee must be paid before a telephone consultation and can be paid after if the consultation is in person. The information requested below will only be used to assess for legal issues and, if retained, to help guide our overall representation. ***There is no attorney/client relationship established unless and until you sign a contract and furnish the fees as provided in said contract.*** You may reasonably assume that communication with Moore Law Group will remain confidential and protected at all times. Unless you notify us otherwise in writing, all contact information you provide herein is acceptable to communicate with you, including leaving a message.

Full Legal Name: _____ Date: _____

Preferred Name/Nickname: _____ Street Address: _____

City/State/Zip: _____ County: _____

Home Phone No.: _____ Cell No.: _____

Social Security No.: _____ Driver's License No.: _____

Date of Birth: _____ Email Address: _____

Employer: _____ Date of Hire _____

Address: _____ City: _____

Phone No.: _____ Days/Hours of Employment: _____

Gross wages: _____ Net wages: _____

If you are living with anyone, provide the name, relationship to you, and date of move-in:

Any health problems for which special attention is necessary? If so, please state the problem and attention required. _____

Referral Source? Client _____ Attorney/Office _____

Google _____ AVVO _____ Findlaw _____ Other (please specify) _____

About my Spouse/Opposing Party (OP)

Full Legal Name: _____ Preferred Name/Nickname: _____

Street Address: _____

City/State/Zip: _____ County: _____

Home Phone No.: _____ Cell No.: _____

Social Security No.: _____ Driver's License No.: _____

Date of Birth: _____ Email Address: _____

Employer: _____ Date of Hire _____

Address: _____ City: _____

Phone No.: _____ Days and hours of employment: _____

Gross wages: _____ Net wages: _____

If you know they are living with anyone, provide the name and relationship to the Opposing Party (OP): _____

Any health problems for which special attention is necessary? If so, please state the problem and attention required. _____

About the Child(ren)

Name	Age	Birthdate	Residing With	(Pre)School/Daycare
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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Is there dispute about paternity? If so, please explain. _____

Special health care problems? If so, please explain. _____

Is there Healthcare coverage for you, spouse, and/or minor children? YES / NO

Who Provides/Pays: _____

Health Care provider: _____

Dental Care Provider: _____

Custody and visitation is currently arranged as follows: _____

I want custody and visitation to be ordered as follows: _____

Any children from a prior marriage or former relationship? _____

Is support being paid or received in reference to the children, or any other income such as
Social Security being received for the children? _____

Is there a prior court order regarding child support? If so, indicate the last court date, the county
in which order was entered, amount and judge involved. _____

About the Marriage

Began Dating: _____ Date of Marriage: _____

Place of Marriage: _____ Date of Separation: _____

Who Left: _____

Any acts of infidelity? If so, please explain. _____

Any acts of harassment, monitoring, or violence? If so, please explain. _____

Are you paying or receiving any spousal support? If so, how much? _____

Have you and your spouse reached any agreement in regards to division of property, financial arrangements, child custody/support, and/or spousal support? If so, please explain. _____

_____ I do not want my former name restored upon divorce.

_____ I want my former name restored as follows: _____

PAYMENT INFORMATION

NAME ON CARD _____

PAYMENT BY CRED: MASTER CARD / VISA (CIRCLE ONE)

CARD NUMBER: _____ EXP DATE: _____
(redact once entered into system)

CVV: _____ BILLING ZIP: _____

PAYMNT PLAN: _____

FOR OFFICE USE ONLY

Fee Quoted: _____

Issues: _____

Court Dates: _____

Notes: _____
