



INTAKE FORM

There is a consultation fee of \$150.00 for up to 30 minutes and \$225.00 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 consultation begins. The information requested below will only be used to evaluate your legal issues and, if retained, to help guide the 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 your Opposing Party (OP) living with anyone, provide the name and relationship to

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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? _____

What if any support is paid or received for minor children, or to support a (former) spouse?

Is there a prior court order or agreement for support? If so, indicate the date of the agreement or order and the county in which order was entered:

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: _____

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Fee Quoted: _____

Issues: _____

Court Dates: _____

Notes: _____
