

FAMILY CONSULTATION

PLEASE ANSWER EVERY QUESTION THAT APPLIES. IF UNKNOWN OR NOT APPLICABLE, LEAVE BLANK.

1

Today's Date

Have you been served with papers yet?
If yes, when?

Yes No

2

Name

Email Address

Street Address

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Occupation

Employer

Employer Street Address

Employer City

Employer State

Employer Zip Code

Date of Birth

Social Security Number

Drivers License Number

State Issued

3

How long have you lived in Colorado? Years:

Months:

How long has your spouse lived in Colorado?

Years:

Months:

4

Are you or your spouse in the military?

Yes No

If yes, please provide the following information:

Who is in the service?
How many years of service?
Branch of service?

5

Date of marriage

Place of marriage (city/state)

Date of separation

Date of divorce (if applicable)

Yes No

6

Is wife pregnant?

If yes, what is the due date?

7

Do you own any real property (House or Land)?
information:

Yes No

If yes, please provide the following

How is it titled?
What is the address?

Yes No

Is this your family home?

If no, what is it?

8

Do you or your spouse receive any aid from the Dept of Human Services
or the Dept of Social Services (i.e. AFDC, Food Stamps, etc.) If yes,
please provided the following information:

Yes No

Who receives benefits?
From which County or State?
Case Number:

9

With reference to the children involved in this action, please provide the following information as to each
child who is of this relationship or legally adopted. Do not include those who may have emancipated.

Child's Legal Name:

M

F

Street Address

City

State

Zip Code

Social Security Number

Current Age

Child's Legal Name:

M

F

Street Address

City

State

Zip Code

Social Security Number

Current Age

Child's Legal Name: M F

Street Address

City State Zip Code

Social Security Number Current Age

Child's Legal Name: M F

Street Address

City State Zip Code

Social Security Number Current Age

Child's Legal Name: M F

Street Address

City State Zip Code

Social Security Number Current Age

10 If any of the children listed in # 12 above have lived at a different address in the past FIVE years, please list all addresses for each child, and with whom they have lived if different from you or your spouse.

Child's Legal Name:

Street Address At Which They Resided

City State Zip Code

With whom did they child live with if not Mom or Dad?

11 Have any protection orders been issued against either party? Yes No If yes, please select one below:

TEMPORARY Protection Order PERMANENT Protection Order

County

State

Case Number

Is there a pending hearing date? Yes No

If yes, when?

What is the subject matter of the protection order?

12 Are there any agreements between the parties? Yes No If yes, please list:

THE FIRST 60 MINUTES OF THE INITIAL CONSULTATION IS \$200. ANY TIME EXCEEDING THE FIRST 60 MINUTES WILL BE BILLED AT THE ATTORNEY'S HOURLY RATE OF \$345/ HOUR OR \$295/ HOUR FOR ACTIVE DUTY MILITARY. YOU WILL RECEIVE A STATEMENT FOR ADDITIONAL CHARGES. This consultation does not constitute representation by an attorney beyond today's initial paid consultation. To enter an attorney/client relationship after today's consultation, you must sign a fee agreement and provide Anderson & Travis a retainer. Without a signed fee agreement and retainer, Anderson & Travis will not perform any further legal services on your behalf. By typing or signing your name below, you acknowledge that the information you provided is accurate and that you have read this entire document.

Type your name or sign here