

IT IS IMPERATIVE YOU COMPLETE ALL APPLICABLE INFORMATION ON THIS FORM

Date of consultation: _____ If referred, whom may we thank: _____

Case No. (if applicable): _____

Are you currently represented by an attorney in this action? Yes No

If yes, name of attorney: _____

Opposing party represented by an attorney? Yes No Unknown

If yes, name of attorney: _____

Have you been served with documents? Yes No

If yes, date you were served: _____

Is a hearing scheduled? Yes No Unknown

If yes, what is the date: _____

Have you been a resident of CA for 6 months? Yes No

County of residence for the past 3 months: _____

Your Information:

Name: _____

First/Middle/Last

Date of birth: _____

Address: _____

Confidential Address: _____

Telephone: _____

Email: _____

Employer/Occupation: _____

Opposing Party Information:

Name: _____

First/Middle/Last

Date of birth: _____

Address: _____

Telephone: _____

Email: _____

Employer/Occupation: _____

Minor child/ren of this marriage/relationship:

<u>Name:</u>	<u>City/State of Birth:</u>	<u>Date of Birth:</u>	<u>Sex:</u>	<u>Age:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have the child/ren been a resident of CA for the past 6 months? Yes No

Reason for consultation: _____ Dissolution of Marriage/Domestic Partnership
_____ Legal Separation
_____ Domestic Violence
_____ Paternity (non-marriage/custody, visitation, support)
_____ Modification of an existing order
_____ Guardianship
_____ Adoption
_____ Juvenile Court/CPS
_____ Other

If dissolution of marriage/domestic partnership:

Date of Marriage: _____ Date of Separation: _____

City/State married in: _____

Did you enter into a pre-marital agreement? Yes No

Have you entered into a post-marital agreement? Yes No

CONSULTATION FEE MUST BE PAID PRIOR TO MEETING