



Confidential Intake Form

Confidentiality: The information you provide to us will not be disclosed to anyone who is not directly affiliated with this firm, except while rendering legal services on your behalf, or as otherwise provided by law.

This form is extremely important. Your accuracy and completeness will help us to best represent you. Please complete ALL sections and return this form and any supporting documents prior to your scheduled intake call. **This form MUST be as complete as possible.** Without a fully completed form, we will be unable to fully discuss your situation with you.

1. CLIENT INFORMATION

- Full Legal Name: _____
- Date of Birth: _____ SSN: _____
- Physical Address: _____
- County of Residence: _____ Time at Address: _____
- Phone: _____ Email: _____

_____ I consent to the law firm transmitting documents, pleadings, or messages and other relevant case material/information to the above email address.

- Employer: _____ Job Title: _____
- Gross Monthly Income: \$ _____ Pay Frequency: _____
- How Long Have You Resided in the State of Florida? _____
- How Long Have you Resided in Your County of Residence? _____
- Have You Ever Been Arrested? ____ Yes ____ No

If yes, please explain:

Nature of Claim or Incident

Please provide a brief description for the matter in which you are seeking legal advise/representation regarding (please provide any additional names, addresses, and phone numbers not previously listed)

2. OPPOSING PARTY INFORMATION

- Full Legal Name: _____
- Date of Birth: _____ SSN (if known): _____
- Physical Address: _____
- County of Residence: _____
- Phone: _____ Email: _____
- Employer: _____ Job Title: _____
- Current Income (if known) _____
- Opposing Attorney (if known): _____

3. MARRIAGE & SEPARATION DETAILS *(If Applicable)*

- Date of Marriage: _____ City/State/County: _____
- Are you currently separated? _____ Yes _____ No Date of Separation: _____
- Have prior legal papers been served? _____ Yes _____ No *(If yes, attach copies)*
- Is there a Prenuptial or Postnuptial Agreement? _____ Yes _____ No *(If yes, attach copies)*

4. CHILDREN OF THIS RELATIONSHIP

Full Name	Date of Birth	Social Security No.	Current Residing With (please list all persons residing with child)

- Are there safety, abuse, or substance concerns? _____ Yes _____ No

If yes, please explain:

- Is there a current parenting plan/time-sharing arrangement in place?
- _____ Yes _____ No

If yes, and there is a written or legal agreement, please provide it.

5. NATURE OF MATTER *(Select all that apply)*

- _____ Dissolution of Marriage (Divorce)
- _____ Paternity / Parental Rights
- _____ Parenting Plan / Time-Sharing Modification
- _____ Child Support (Establishment / Modification)
- _____ Alimony / Spousal Support
- _____ Enforcement / Contempt
- _____ Injunction for Protection (Domestic Violence)
- _____ Relocation with Minor Children
- _____ Step-Parent Adoption

6. SUMMARY OF ASSETS & DEBTS

- Real Estate Owned: _____
- Bank Accounts / Investments: _____
- Retirement / Pensions: _____
- Major Debts / Mortgages: _____

7. CONFIDENTIALITY & DISCLAIMER

Notice: The information provided on this intake form is confidential. Submitting this form does not establish an attorney-client relationship. An attorney-client relationship is only formed upon execution of a formal written Representation Agreement and payment of the required retainer.

Signature: _____ Date: _____