

**CLIENT INFORMATION
INITIAL CONSULTATION
DIVORCE/DISSOLUTION/ANNULMENT/LEGAL SEPARATION**

Date _____ Referred by _____

***Has Attorney Melissa Graham-Hurd represented your spouse at any time?
If so, STOP here, and see Melissa for instructions!!!!!!***

About You:

Name _____

Address _____ City/Zip _____

How long at Address? _____ Email Address _____

Date of Birth _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Work Phone _____

Job Title _____ Duties _____

Hours of work _____

Business _____ Date of Hire _____

About your Spouse:

Name _____

Address _____ City/Zip _____

Date of Birth _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Work Phone _____

Job Title _____ Duties _____

Hours of work _____ Date of Hire _____

Name of his/her attorney _____

Date of Separation _____ Who left first? _____

Date of Marriage _____ Place of Marriage _____

About Your Children (with the Spouse):

NAME DATE OF BIRTH SSN WITH WHOM LIVING

Children of other relationships:

Name Date of birth SSN With whom living

Name and address of other Parent of the children named above:

Were any of the children (with the Spouse) born before the marriage? _____

Does a child have a disability? _____

Are any of the children adopted? _____

Have you discussed this matter with another attorney? _____

Are you presently represented by another attorney? _____

Are you involved in any active lawsuits? _____

If you have answered "YES" to any of the above, please give details:

Have you been a resident of Ohio for the past 6 months? _____

Have you been a resident of your County for the past 90 days? _____

Do you have any significant health problems? _____

Please list any former names you have used _____

Number of prior marriages _____

Do you or spouse have retirement accounts/benefits? _____

Have either of you received gifts or inheritance during marriage? _____

Did either of you own significant property prior to marriage? _____

Do you now own real estate? _____

Did you sell real estate during the marriage? _____

Have you or spouse filed Bankruptcy? _____

Purpose of Visit:

Please list the questions to be answered and the matters to be addressed in this initial consultation: _____
