CLIENT INFORMATION INITIAL CONSULTATION POST DECREE MATTERS

Date	Referred by		
<u> </u>	caham-Hurd represented you e Assistant for instructions!	er former spouse at any time? !!!!!!	
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 the Former Spous	e:		
Name			
Address	City,	City/Zip	
Date of Birth	Home Phone	Cell Phone	
Name of Employer		Work Phone	
Job Title	Duties		
Hours of work	Date of	Date of Hire	
Name of his/her attorney			
Date of Divorce/Dissolution	ion Decree		
Who represented you dur	ing the Divorce/Dissolution?		

About Your Children (with the Former Spouse):: Name Date of birth With whom living Time with other parent Children of other relationships: Date of birth Name With whom living Name and address of other Parent of the children named above: 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 _____ Purpose of Visit: Please list the questions to be answered and the matters to be addressed in this initial consultation, together with any other important information you wish to share: