

**CLIENT INFORMATION
INITIAL CONSULTATION
NEVER MARRIED MATTERS**

Date _____ Referred by _____

***Has Attorney Melissa Graham-Hurd represented the adverse party at any time?
If so, STOP here, and see Assistant 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 the Other Party:

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 _____

About Your Children (with the Other Party):

Name	Date of birth	With whom living
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children of prior or subsequent relationships:

Name	Date of birth	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? _____

Have the children been residents of your County for at least 6 months? _____

Do you have any significant health problems? _____

Please list any former names you have used _____

Purpose of Visit:

Please list the questions to be answered and the matters to be addressed in this initial consultation and to give any additional information you feel is important:
