

NEW CLIENT CONSULTATION SHEET

YOUR INFORMATION

Full Legal Name: _____ Birth/Maiden Name: _____
(First) (Middle) (Last)

Home Address: _____ County: _____
(City, State) (Zip Code)

How long in this county?: _____ Home Phone #: _____ Cell Phone #: _____

Confidential Information Required by the State and protected by KoonsFuller.

DOB: ____/____/____ Place of Birth: _____ Social Security #: ____-____-____
(City and State or Foreign Country)

Driver's License #: _____ Issuing State: _____

Your Current Automobile: _____
(Make) (Model) (Color) (Year)

Place & Address of Employment: _____

Occupation: _____ Approximate Annual Income: \$ _____

Work Phone #: _____ Fax #: _____ Work Contact: _____

Safe Email Address: _____ May we send monthly invoice(s) to your email address? Yes No

Preferred Contact Phone: Home Cell Work

Preferred Address for Mailing: _____

Billing Address (if different): _____

OPPOSING PARTY / OTHER PARENT INFORMATION (Please circle one)

Full Legal Name: _____ Birth/Maiden Name: _____
(First) (Middle) (Last)

Home Address: _____ County: _____
(City, State) (Zip Code)

How long in this county?: _____ Home Phone #: _____ Cell Phone #: _____

Confidential Information Required by the State and protected by KoonsFuller.

DOB: ____/____/____ Place of Birth: _____ Social Security #: ____-____-____
(City and State or Foreign Country)

Driver's License #: _____ Issuing State: _____

Current Automobile: _____
(Make) (Model) (Color) (Year)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Glasses: Yes Beard: Yes

Email Address: _____ Race: _____

Opposing Party's Place & Address of Employment: _____

Opposing Party's Occupation: _____ Approximate Annual Income: \$ _____

Work Phone #: _____ Fax #: _____ Work Contact: _____

MARRIAGE INFORMATION

Marriage Date: ____/____/____ Place of Marriage: _____ Separation Date: ____/____/____
(City, State)

Restore Birth/Maiden Name? Yes No

CHILD/CHILDREN INFORMATION

Full Legal Name: _____ Sex: M F

_____ M F

_____ M F

_____ M F

Confidential Information Required by the State and protected by KoonsFuller.

DOB:	Place of Birth	Social Security #:
____/____/____	_____ <small>(City, County and State)</small>	____-____-____
____/____/____	_____ <small>(City, County and State)</small>	____-____-____
____/____/____	_____ <small>(City, County and State)</small>	____-____-____
____/____/____	_____ <small>(City, County and State)</small>	____-____-____

Confidential Information Required by the State and protected by KoonsFuller.

Health Insurance Co.: _____ Policy Holder Name: _____

Policy #: _____ Group #: _____ Monthly Cost: \$ _____ Who Pays: _____

Provided Though: Father's Employer Mother's Employer Medicaid CHIP Private None

Dental Insurance Co.: _____ Policy Holder Name: _____

Policy #: _____ Group #: _____ Monthly Cost: \$ _____ Who Pays: _____

Provided Though: Father's Employer Mother's Employer Medicaid CHIP Private None

REFERRAL INFORMATION

Referred To: _____

Referral Source: Individual Magazine Website Internet Search Magazine Former or Current Client
 Attorney Facebook Radio Therapist TV Other

Please specify or name referral source: *If magazine, internet, TV, radio, etc. please give any other details (headline, content, magazine name, keyword search terms, station, commercial vs segment, etc.). If a person, please provide us with their first and last name, so we can send them a 'thank you' for the referral.

For internal office use:

Matter Type: _____

Retainer Amount: \$ _____ Date Paid: ____/____/____

Date of Initial Consultation: ____/____/____ in office by Phone

Notes: _____

Originating Attorney: _____

Primary Attorney: _____

Secondary Attorney: _____

Assigned Paralegal: _____

Conflicts Checked: _____

Assigned Billing No.: _____