



LOMURROLAW

T R I A L L A W Y E R S

Date: _____

You chose this office because:

- Referred by a Lawyer/Lawyer's Name: _____
- Referred by a Former Client/Friend Name: _____
- You are a Former Client
- Yellow Pages
- Newspaper
- Seminar Name: _____
- Other: _____

1. Your full name: _____
 First Middle Last Maiden

(a) Do you seek the return of your maiden name or a prior name?
 _____ Yes _____ No

2. Your present address: _____
 Street City
 _____ _____
 State Zip Code

(a) Address of marital residence if different from your present address:
 _____ _____
 Street City
 _____ _____
 State Zip Code

3. Home phone: _____ Cell phone: _____

4. Email address: _____

5. Age: _____ Date of Birth: _____

6. How long in State: _____

7. If you wish mail from this office be sent to a different address, please furnish the desired address: _____

8. Employer: _____

9. Business phone: _____

10. Business address: _____
 Street City
 _____ _____
 State Zip Code

11. Job Title: _____

12. Salary: _____ Overtime: _____

13. How long at present job: _____

14. Social Security Number: _____

15. Other skills/training/education: _____

16. Company car? _____

17. Expense Account: _____

18. Stocks, bonds: _____

19. Other benefits: _____

20. Indicate whether you receive or have received:

Food Stamps: _____

Welfare: _____

Unemployment: _____

Social Security: _____

Disability: _____

21. Other income: (i.e., rental, interest, pension, inheritance)

SPOUSE OR FORMER SPOUSE (if Post-Judgment)

1. Full name: _____

First Middle Last Maiden

2. Present address: _____

Street City

State Zip Code

(b) Address of marital residence if different from present address:

Street City

State Zip Code

3. Home phone: _____ Cell phone: _____

4. Email address: _____

5. Age: _____ Date of Birth: _____

6. How long in State: _____

7. If you wish mail from this office be sent to a different address, please furnish the
desired address: _____

8. Employer: _____

9. Business phone: _____

10. Business address: _____

Street City

State Zip Code

11. Job Title: _____

12. Salary: _____ Overtime: _____

13. How long at present job: _____

14. Social Security Number: _____
15. Other skills/training/education: _____
16. Company car? _____
17. Expense Account: _____
18. Stocks, bonds: _____
19. Other benefits: _____
20. Indicate whether you receive or have received:
- Food Stamps: _____
- Welfare: _____
- Unemployment: _____
- Social Security: _____
- Disability: _____
21. Other income: (i.e., rental, interest, pension, inheritance)
- _____
- _____
- _____

CHILDREN

1. How many children do you and your spouse have from this marriage: _____
 2. How many children do you have from prior marriages: _____
 3. How many children does your spouse have from prior marriages: _____
 4. Please list the names, ages and birth dates of all children living with you and/or your spouse: _____
- _____
- _____

MARRIAGE

1. Are up separated at this time? _____
 2. Date of separation: _____
 3. If so, how are you supporting yourself and/or your children: _____
- _____
- _____
4. Date of marriage: _____ Place of marriage: _____
 5. Religious ceremony? _____ Yes _____ No
 6. Any prior separations or divorce actions between you and your spouse? _____
- _____
- _____
7. Are you considering divorce? _____ Yes _____ No
 8. If so, will your spouse contest your action? _____ Yes _____ No _____ Not sure
 9. Is your spouse considering divorce? _____ Yes _____ No _____ Not sure
 10. Do you think your spouse will be agreeable as to the custody of the children?
 _____ Yes _____ No _____ Not sure
 11. Has your spouse ever threatened to seek custody of the children? _____
- _____

12. Have you sought personal or marital counseling as a result of marital problems? If so, please state the counselors, number of visits, whether you attended with your spouse and status: _____

13. Do you anticipate any particular problems in this matter with your spouse?
_____ Yes _____ No If so, please explain: _____

14. Check any that apply to your case:

- | | | |
|---|--|--|
| <input type="checkbox"/> Finances | <input type="checkbox"/> No Communication | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Raising Children | <input type="checkbox"/> Excessive Absence | <input type="checkbox"/> Another Man |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> In-Laws | <input type="checkbox"/> Another Woman |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Drinking | |
| <input type="checkbox"/> Mental Abuse | <input type="checkbox"/> Drugs | |
| <input type="checkbox"/> Personality Change in Spouse | | |
| <input type="checkbox"/> Personality Change in Yourself | | |
| <input type="checkbox"/> Other _____ | | |

15. Is there any danger of extreme violence? _____ Yes _____ No
If so, please explain: _____

16. Have you been to Court with your spouse before? _____ Yes _____ No
If so, please describe these proceedings and provide dates: _____

17. Is there an Order currently in effect? _____ Yes _____ No
If so, please explain what the Order provides: _____

18. Are you covered by medical insurance? _____ Yes _____ No
If so, what is the name of your insurer? _____

19. Who pays the premiums? _____

20. What type of insurance is this? _____

21. What credit cards are held by you or your spouse? _____

22. Does your spouse have authority to charge in your name? _____ Yes _____ No

23. Who has possession of the above cards? _____

24. Do you have a Will? _____ Yes _____ No

Does your spouse have a Will? _____ Yes _____ No

25. Do you and your spouse have a Pre-Nuptial or Pre-Marital Agreement?
_____ Yes _____ No

26. Do you and your spouse have an Interspousal or Property Settlement Agreement?
_____ Yes _____ No

27. Do you think your spouse has hidden property from you or may hide property in the future? _____ Yes _____ No

PROPERTY

1. Who has the best financial information?
 _____ Me _____ Spouse _____ About equal

2. Please provide current value or estimates for the following:

- Present value of home _____
- Present value of mortgage _____
- or other liens _____
- Who hold the mortgage(s) _____
- Property in the home _____
- Jewelry, Collections _____
- Antiques _____
- Your Car _____
- Spouse's Car _____
- Cash on Hand _____
- Cash in Savings _____
- Trust Funds for Children _____
- Stocks _____
- Land _____
- Current Debts _____
- Bank Debts _____
- Charge Card Debts _____

Do you have life insurance? _____ Yes _____ No
 Does your spouse have life insurance? _____ Yes _____ No
 Do you have a pension, retirement or profit sharing plan?
 _____ Yes _____ No
 Does your spouse have a pension, retirement or profit sharing plan?
 _____ Yes _____ No
 Other assets or liabilities _____

Please number the following in order of importance to you: (1-4)

- _____ Revenge against spouse
- _____ Fair resolution of all issues
- _____ Getting all of this over as quickly as possible
- _____ Financial security for yourself and children

**Please take this home and complete the following information
and return same to our office within one week.**

LIFE INSURANCE

Name of Company: _____ Address: _____
Policy Number: _____ Beneficiary: _____
Face Amount: _____ Name of Insured: _____
Policy Owner: _____ Policy Term (if applicable): _____

HEALTH INSURANCE

Name of Insured: _____ Name of Company: _____
Address: _____
ID No.: _____ Group No.: _____
Coverage Type:
 Single Parent/Child Family
 Optical Hospital Major Medical
 Dental Drug Diagnostic

AUTOMOBILE INSURANCE

Name of Company: _____
Address of Company: _____
Policy No.: _____ Policy Expiration: _____
Make & Model of Vehicle _____ Year of Vehicle: _____
Coverage Limits: _____
Lawsuit Threshold? _____ Yes _____ No
Umbrella Coverage: _____ Yes _____ No Umbrella Coverage: \$ _____
Driver(s) of Vehicles: _____
Lien Holder/Lessor (if applicable): _____
Address of Lien Holder/Lessor: _____
Use of Vehicle: _____ Personal _____ Business _____ Personal/Business

HOMEOWNERS INSURANCE

Name of Company: _____
Address of Company: _____
Policy No.: _____ Policy Expiration: _____
Address of Covered Residence: _____
Coverage Limits: _____
Umbrella Coverage: _____ Yes _____ No Umbrella Coverage: \$ _____
Mortgage (if applicable): _____
Address of Mortgage: _____
Rider: _____ Jewelry _____ Furs _____ Artwork _____ Other

DISABILITY INSURANCE

Name of Insured: _____ Name of Company: _____
Address of Company: _____
ID Number: _____ Group Number: _____

Date: _____

For Professional Services Rendered:

NAME: _____

CONSULTATION FEE AMOUNT \$ _____

This receipt is given to acknowledge payment by you for an INITIAL CONSULTATION. There is no ongoing attorney-client relationship created by this payment and no further services by this Law Firm or any of its attorneys are expected or anticipated by you, nor due from this law firm to you, UNLESS and UNTIL, a Retainer Agreement specifying the exact services to be rendered and the cost for such services, is signed by you and the Law Firm and a Retainer Fee is paid by you.

I acknowledge that I do not have an ongoing relationship with Lomurro, Munson, Comer, Brown & Schottland, LLC.

Signature: _____

Dated: _____

Receipt of payment is hereby acknowledged on behalf of Lomurro, Munson, Comer, Brown & Schottland, LLC.

X _____