

GRAY, GORENFLO & PARTLOW, P.A.
CLIENT INFORMATION SHEET

Date of Referral: _____

Referred By: Please provide the full name and mailing address if possible so that we may send a thank you note to the attorney/person who referred you to our office. If you prefer that a thank you note not be sent please indicate same by checking this box.

_____ < Attorney: _____
_____ < Friend/Co-Worker: _____
_____ : Have you previously been represented by an attorney in this firm: _____
_____ < Other: _____
_____ < **Have you visited our web page?**

1. What type of matter do you need assistance with? _____

If you are here regarding a matter that is already in progress, please provide the following information:

2. Have you been served with any papers? _____ When? _____

3. Are any matters scheduled for hearing? _____ When? _____

What is issue to be heard? _____

Please provide the following information about yourself:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No. _____ Work No.: _____

Cell No.: _____ Other No.: _____

Copies of all documentation in your case will be provided to you via Email. This will require that you have Adobe software on your computer to open the attachments. If you do not have an Email address or you do not want this documentation provided to you by email please check here: _____

Please provide your Email Address: _____

If you do not want to receive mail by Email or at the above address, please indicate to what address your mail should be delivered: _____ City, _____, Zip _____

Date of Birth: _____ Social Security No.: _____

Occupation: _____ Gross Income From Employment: \$ _____

Employer: _____ How Long: _____

Name of current attorney, if any: _____

Please provide the following information about the opposing party:

Full Name: _____

Address: _____

Date of Birth: _____ Social Security No.: _____

Occupation: _____ Gross Income From Employment: \$ _____

Employer: _____ How Long: _____

Name of opposing party's current attorney: _____

If applicable, please provide the following information about your marriage:

Date of Marriage: _____ Place of Marriage: _____

Date of Separation: _____ Date You Became Florida Resident: _____

Did you enter into any Pre-Nuptial or Post-Nuptial Agreements: _____

If you are here concerning a former spouse, please provide the following information:

Date of Final Judgment dissolving your marriage: _____

State: _____ County: _____ Case No.: _____

Who was your attorney? _____

Who was your spouse's attorney? _____

If applicable, please provide the following information about all children born of or adopted during this marriage or relationship:

| <u>Full Name of Child(ren)</u> | <u>Birthdate</u> | <u>Age</u> |
|--------------------------------|------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If applicable, please provide the following information about any real estate that you or your spouse own:

Address of Principal Residence: _____

Date Purchased: _____ Purchase Price: \$ _____

Amount of Down payment: \$ _____ Original Mortgage Amount: \$ _____

Source of Down Payment Funds: _____

Balance Owed: \$ _____ Current Value of Property: \$ _____

In whose name is property titled? _____

Who is living there now? _____

Do you and/or your spouse own any other real estate? _____

If applicable, please provide the following information about any interest in a business, partnership, sole proprietorship, or corporation:

Name of Company: _____

Type of Business: _____

Purchase/Start-Up Date: _____ Percentage of Interest: _____

*Dgmy "vq'dg'eqo r rgyf "qp"vj g'f cvg"qh" {qwt "eqpuwncvqp+

YOU MUST UNDERSTAND THAT YOUR VISIT HERE IS FOR CONSULTATION ONLY. THE ATTORNEY DOES CHARGE A CONSULTATION FEE OF \$300.00 TO BE PAID IN ADVANCE IN THE FORM OF CASH OR CHECK ONLY. THE ATTORNEY DOES NOT REPRESENT YOU AND WILL NOT REPRESENT YOU UNTIL A WRITTEN AUTHORIZATION OF REPRESENTATION AND ATTORNEY'S FEE AGREEMENT ARE SIGNED BY YOU AND THE RETAINER FEE IS PAID.

I HAVE READ THE FOREGOING AND COMPLETED ALL INFORMATION REQUESTED TO THE BEST OF MY ABILITY.

DATE

YOUR SIGNATURE

RETAINER: _____

Consult Fee Paid _____