GUILLORY HARGRAVE & LACOMBE, LLC CLIENT INFO SHEET FAMILY LAW

CLIENT NAME:_					Dat	e:
	First	Middle	Maic	len Last		
Date of Birth:		Age:_		City/State wh	ere born:	_
Social Security No.						
Address:						
	Street		City	Parish	St	ate Zip
Phone: ()			Alterna	ate Phone: ()		
E-Mail Address:						
Employer:						
Employer Address:						
	Stı	eet		City	Si	tate Zip
Gross Income Amo	unt: Monthly: §	6	<u> </u>	Yearly: \$		
Marital Status:	☐ Single	□Ma	rried	Divorced	☐ Separat	ed
Date of Marriage: _			City/Sta	te where married	:	
Date of Divorce:						
				(First, Second	, Etc.)
If separated, give da	ate of physical s	eparation:_				
Covenant Marriage			Yes	☐ No		
Prenuptial or Matri	nonial Agreeme	ent:	Yes	☐ No		
OPPOSING PART	Fin Fin		iddle	Maiden	Last	
Address:					~	
Phone: ()	Street		City Alterna	Parish ate Phone: ()	St	ate Zip
E-Mail Address:						
Date of Birth:					e where born:	
Social Security No.						
No. of marriage for	ex-spouse:				(I	First, Second, etc
Ex Spouse's Emplo	yer:					
Gross Income Amo	unt: Monthly: \$	3		Yearly: \$		

CHILDREN:		
Name:	Date of Birth:	School:
	-	
Type of Legal Problem(s) you a	re having:	
Divorce Custody Erief Statement of the Issues:	Visitation Child Support	Community Property Other
Who referred you to our office?		
This is a consultation only. A c	consultation fee of \$300.00 is due	and payable at the time of consultation.
The retainer fee for representati the initial consultation.	on is determined based on the facts	s presented to the attorney at the time of
*I UNIDED CTAND THAT THE		ON ONLY
*IUNDERSTAND THAT THI	S IS AN INITIAL CONSULTATI	ON ONLY.
SIGNATURE		DATE