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**CHILDREN:**

Name:

Date of Birth:

School:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Legal Problem(s) you are having:

Divorce    Custody    Visitation    Child Support    Community Property    Other

Brief Statement of the Issues:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

This is a consultation only. A consultation fee of \$300.00 is due and payable at the time of consultation. The retainer fee for representation is determined based on the facts presented to the attorney at the time of the initial consultation.

\*I UNDERSTAND THAT THIS IS AN INITIAL CONSULTATION ONLY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE