Collaborative
Mediation
Advocacy
Litigation

REESELAW
YOUR PARTNER IN FAMILY LAW RESOLUTIONS

CONSULT FORM

Please print the form, fill out all pages, and bring it with you to the initial consultation.

POTENTIAL CLIENT

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name: _____

DOB: _____

Place of Birth: _____

Driver's License No. & Issuing State: _____

SSN: _____

Level of Education: _____

HOME Address: _____

HOME Telephone: _____

E-Mail Address: _____

Cell Phone: _____

Employer Name: _____

EMPLOYER Address: _____

Employer Telephone: _____

Date of Marriage: _____

Location of Marriage: _____

No. this Marriage: _____

Date of Separation: **Who left:** **Race:**

_____ _____ _____

Medical Conditions:

_____

Doctor: **Office Telephone:** **Address:**

_____ _____
_____

Therapist/Counselor: **Office Telephone:** **Address:**

_____ _____
_____

What Social Networks do you frequent?

_____

OPPOSING PARTY

First Name: **Middle Name:** **Last Name:**

_____ _____ _____

Maiden Name: **DOB:** **Place of Birth:**

_____ _____ _____

Drivers; License No. & Issuing State **SSN:** **Level of Education:**

_____ _____ _____

HOME Address: **HOME Telephone:**

_____

Email Address: **Cell Telephone:** **Race:**

_____ _____ _____

Employer Name:

_____

EMPLOYER Address: **Employer Telephone:**

_____ _____

Opposing Counsel: **No. this Marriage:**

_____ _____

Medical Conditions:

_____

Doctor: **Office Telephone** **Address:**

_____ _____
_____

Therapist/Counselor: **Office Telephone:** **Address:**

_____ _____
_____

What Social Networks do they frequent?

_____

CHILDREN

Names: **DOB:** **SSN:**
_____ _____ _____

Names: **DOB:** **SSN:**

_____ _____ _____
Names: **DOB:** **SSN:**

_____ _____ _____