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**INITIAL OFFICE CONFERENCE INFORMATION: PRIVATE &  
CONFIDENTIAL INFORMATION**  
**ATTORNEY-CLIENT PRIVILEGE APPLIES**

**✘ PLEASE PLACE YOUR INITIALS AT THE BOTTOM OF EACH PAGE**

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR DATE OF BIRTH: \_\_\_\_\_ FORMER SURNAME: \_\_\_\_\_

PREFERRED MAILING ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIPCODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ ALTERNATE: \_\_\_\_\_

FAMILY/FRIEND'S CONTACT NAME & NUMBER: \_\_\_\_\_

**✘ PLEASE NOTIFY US IMMEDIATELY IF YOU HAVE A CHANGE OF ADDRESS OR CONTACT INFORMATION.**

**IMPORTANT:** PLEASE CHECK HERE IF YOU PREFER THAT WE DO NOT MAIL YOUR LEGAL DOCUMENTS TO THE LISTED FOREGOING ADDRESS

TYPE OF CASE:  DIVORCE  CUSTODY  CHILD SUPPORT  
 ALIMONY  PATERNITY  DEPENDENCY  DOMESTIC VIOLENCE  
 CRIMINAL  OTHER: \_\_\_\_\_

DATE & PLACE OF MARRIAGE: \_\_\_\_\_

DATE OF SEPARATION: \_\_\_\_\_

PRE-NUPTIAL AGREEMENTS:  YES  NO (IF YES, PLEASE ATTACH)

FINAL JUDGMENT ENTERED:  YES  NO (IF YES, PLEASE ATTACH)  
ARE YOU OR THE OTHER PARTY A RESIDENT OF FLORIDA:  YES  NO

IF YES, WHICH ONE AND FOR HOW LONG: \_\_\_\_\_

DATE OF ISSUE – FLORIDA DRIVER’S LICENSE: \_\_\_\_\_

(PLEASE PROVIDE US WITH A COPY OF YOUR FL. DRIVERS LICENSE)

ARE YOU OR THE OTHER PARTY ACTIVE IN THE MILITARY:  YES  NO

IF YES, WHICH ONE AND WHAT BRANCH: \_\_\_\_\_

NAMES AND AGES OF CHILDREN SUBJECT TO THESE PROCEEDINGS:

	NAME(S)		AGE(S)
1.	_____	-	_____
2.	_____	-	_____
3.	_____	-	_____
4.	_____	-	_____
5.	_____	-	_____

ARE THERE SPECIALS NEEDS FOR THE CHILDREN:  YES  NO

IF YES, PLEASE LIST: \_\_\_\_\_

DOES HEALTH INSURANCE EXIST:  YE  NO

IF YES, WHO PAYS AND HOW MUCH PER MONTH: \_\_\_\_\_

ARE THERE ANY NANNY OR DAY CARE EXPENSES:  YES  NO

IF YES, WHO PAYS AND HOW MUCH PER MONTH: \_\_\_\_\_

❖ ARE THERE ANY LIFE INSURANCE POLICIES:  YES  NO

IF YES, WHAT IS THE FACE VALUE: \_\_\_\_\_

ALSO, WHO ARE THE BENEFICIARIES: \_\_\_\_\_

OPPOSING PARTY'S NAME: \_\_\_\_\_

OPPOSING PARTY'S DATE OF BIRTH: \_\_\_\_\_

OPPOSING PARTY'S DESCRIPTION: \_\_\_\_\_

(IF YOU HAVE A PHOTOGRAPH OF OPPOSING PARTY, PLEASE PROVIDE)

OPPOSING PARTY'S ADDRESS: \_\_\_\_\_

✂ BEST TIME AND PLACE TO SERVE OPPOSING PARTY: \_\_\_\_\_

MAY WE HAVE THE PROCESS SERVER CONTACT YOU IN ORDER TO PERFORM SERVICE ON THE OPPOSING PARTY:  YES  NO

IS THERE A HISTORY OF DOMESTIC VIOLENCE:  YES  NO

HAS A DOMESTIC VIOLENCE INJUNCTION (I.E. RETRAINING ORDER) EVER BEEN FILED BY YOU OR THE OPPOSING PARTY:  YES  NO

IF YES, PLEASE BREIFY EXPLAIN THE OUTCOME: \_\_\_\_\_

YOUR EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

HOW OFTEN ARE YOU PAID:  MONTHLY  BI-WEEKLY  WEEKLY  END OF YEAR  OTHER: \_\_\_\_\_

DO YOU RECEIVE ANY BONUSES:  YES  NO

IF YES, HOM MUCH (ON AVERAGE) AND HOW OFTEN: \_\_\_\_\_

ARE YOU REIMBURSED AT WORK FOR ANY EXPENSES:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY OF THE FOLLOWING:

- 401K: \_\_\_\_\_
- IRA: \_\_\_\_\_
- PENSION: \_\_\_\_\_
- RETIREMENT: \_\_\_\_\_
- STOCKS: \_\_\_\_\_
- BONDS: \_\_\_\_\_
- OTHER: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITIES:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OPPOSING PARTY'S

EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

HOW OFTEN PAID:  MONTHLY  BI-WEEKLY  WEEKLY  
 END OF YEAR  OTHER: \_\_\_\_\_

DO THEY RECEIVE ANY BONUSES:  YES  NO

IF YES, HOW MUCH (ON AVERAGE) AND HOW OFTEN: \_\_\_\_\_  
\_\_\_\_\_

ARE THEY REIMBURSED AT WORK FOR ANY EXPENSES:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO THEY HAVE ANY OF THE FOLLOWING:

- 401K: \_\_\_\_\_
- IRA: \_\_\_\_\_
- PENSION: \_\_\_\_\_
- RETIREMENT: \_\_\_\_\_

STOCKS: \_\_\_\_\_  
 BONDS: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

DO THEY HAVE ANY PHYSICAL OR MENTAL DISABILITIES:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE A MARITAL HOME:  YES  NO

IF YES, IS IT JOINTLY TITLED:  YES  NO

IF YES, PLEASE PROVIDE THE FOLLOWING:

CURRENT FAIR MARKET VALUE: \_\_\_\_\_  
(IF THERE EXISTS A RECENT APPRAISAL, PLEASE ATTACH)

CURRENT BALANCE ON MORTGAGE NOTE: \_\_\_\_\_

SECOND MORTGAGE(S): \_\_\_\_\_

LINES OF CREDIT: \_\_\_\_\_

HOME EQUITY LOANS: \_\_\_\_\_

PROMISSORY NOTES: \_\_\_\_\_

LIENS OR OTHER ENCUMBRANCES: \_\_\_\_\_

ARE YOU CURRENTLY RECEIVING ANY OF THE FOLLOWING:

CHILD SUPPORT: \_\_\_\_\_

ALIMONY: \_\_\_\_\_

ANY OTHER FORM OF SUPPORT: \_\_\_\_\_

DO YOU HAVE ANY WILLS OR TRUSTS IN EXISTENCE:  YES  NO

(IF YES, PLEASE EXPLAIN OR PROVIDE A COPY TO US): \_\_\_\_\_  
\_\_\_\_\_

DO YOU OWN ANY PRE-MARITAL PROPERTY OR ASSETS: [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PLEASE RANK THE FOLLOWING IN ORDER OF IMPORTANCE, WITH ONE (1) BEING THE HIGHEST PRIORITY AND FIVE (5) BEING THE LOWEST:

- \_\_\_\_\_ CUSTODY
  - \_\_\_\_\_ CHILD SUPPORT
  - \_\_\_\_\_ VISITATION
  - \_\_\_\_\_ DOMESTIC VIOLENCE
  - \_\_\_\_\_ ALIMONY
  - \_\_\_\_\_ PROPERTY DISTRIBUTION
  - \_\_\_\_\_ EXCLUSIVE USE AND POSSESSION OF MARITAL HOME
  - \_\_\_\_\_ QUICK RESOLUTION
  - \_\_\_\_\_ GREAT RESULTS
  - \_\_\_\_\_ OTHER: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

ADMIN NOTES:

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*  
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**TO BE COMPLETED BY THE ATTORNEY**

- WILL REPRESENT (SEE AGREEMENT FOR REPRESENTATION ATTACHED)
- WILL INVESTIGATE AND REPORT (SCHEDULE A FOLLOW-UP CONFERENCE FOR \_\_\_DAYS)
- REPRESENTATION DECLINED BY ATTORNEY
- PARTY WILL "THINK ABOUT IT" AND GET BACK WITH US-NO ACTION TO BE TAKEN AND PARTY WAS SO INFORMED.
- CLIENT DECLINED REPRESENTATION AT THIS TIME.

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BILLING AGREEMENT:**  HOURLY – INITIAL RETAINER \$ \_\_\_\_\_ COST  
DEPOSIT \$ \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ASSIGNED PARALEGAL:  
\_\_\_\_\_

- Data Entry-Off. Mgr:**  Client Profiles  QuickBooks  Retainer Agreement  Conflicts Check  Consult Fee Entered  
 Retainer Paid  Agreement Signed \_\_\_\_\_
- Data Entry-Admin Staff:**  Case Pending  Copier/Fax  Word  Pleadings Index  Case Info Completed in Profiles