

ERIC A. OLSON & ASSOCIATES, P.S.
CLIENT INFORMATION SHEET

A LIFE LIVED WITHOUT REFLECTION IS NO LIFE AT ALL.
AUTHOR UNKNOWN

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information. All information provided on this sheet will be confidential even if you do **not** retain us.

If you are already divorced and are seeking a child support modification, all references to "spouse" mean your former spouse not the person to whom you now maybe married too.

Today's date: _____

You will be charged and are expected to pay for your initial consultation at the hourly rate applicable for the attorney that you consult with.

1. What is your full name?

a. First _____

b. Middle _____

c. Last _____

d. Maiden _____

e. Former
married names _____

What is your spouse's full name?

a. First _____

b. Middle _____

c. Last _____

d. Maiden _____

e. Former
married names _____

I understand that Olson & Hurley, P.S. has not accepted my case and will not act as my attorney until I have signed an attorney fee agreement and have paid the retainer.

Date

Signature

2. Please give the following vital statistics about yourself:

- a. Soc. Sec. No.

- b. Driver's Lic. No & state.

- c. Date of Birth

- d. Place of Birth

- e. Current Age____
- f. Race

- g. Number of this marriage

(specify 1st, 2nd, etc.)

Please give the following vital statistics about your spouse:

- a. Soc. Sec. No.

- b. Driver's Lic. No & state.

- c. Date of Birth

- d. Place of Birth

- e. Current Age____
- f. Race

- g. Number of this marriage

(specify 1st, 2nd, etc.)

3. Marriage:

- a. Date_____City_____County_____State_____
- b. Are you separated from your spouse? Yes___ No___
- c. If yes, date of separation _____

4. Where are you living?

- a. Address_____
- City_____State_____Zip_____
- b. May we send mail there?_____ if not,
Mailing address_____
- City_____State_____Zip_____
- c. Home Telephone number_____
- d. Email address _____
- e. May we email you? **YES**_____ **NO**_____

- f. Fax number? _____ May we fax you? **YES** _____ **NO** _____
- g. Cell phone _____
- h. Work Number _____ May we call you there? **YES** _____ **NO** _____

5. Where is your spouse living?

- a. Address _____
City _____ State _____ Zip _____
- b. Home Telephone number _____

6. Are you currently employed? YES _____ NO _____ if yes, please provide the following:

- a. Name of employer _____
- b. Address _____
City _____ State _____ Zip _____
Phone _____
- c. Length of employment _____
- d. What is your job title _____
- e. Monthly Earnings \$ _____ Annual Earnings \$ _____
- f. Other method of compensation: _____
- g. Highest level education/specialty: _____

7. Is your spouse employed? YES ___ NO ___ if yes, please provide the following:

- a. Name of employer _____
- b. Address _____
City _____ State _____ Zip _____
- c. Length of employment _____
- d. What is your spouse's job title _____
- e. Monthly Earnings \$ _____ Annual Earnings \$ _____

f. Other method of compensation: _____

g. Highest level education/specialty: _____

8. Do you and/or your spouse have any children? **YES**____ **NO**____ if so please give *full name, date of birth and sex of each child, and indicate whether the child was born of this marriage or of a former marriage or relationship of your spouse or yourself.*

| FIRST | MIDDLE | LAST | SEX | Birthdate | Age | Ours | Mine | Ex-partner (Name) |
|-------|--------|------|-----|-----------|-----|-------|-------|----------------------|
| _____ | | | M/F | _____ | ___ | _____ | _____ | _____ |
| _____ | | | M/F | _____ | ___ | _____ | _____ | _____ |
| _____ | | | M/F | _____ | ___ | _____ | _____ | _____ |
| _____ | | | M/F | _____ | ___ | _____ | _____ | _____ |

9. Answer only if you already divorced and seeking a modification:

a. What is the date of your Divorce Decree? _____

b. In what State & County was the Decree entered? _____

c. Have any orders entered been modified since the decree was entered? _____

d. If so, what was modified? _____

10. Support:

a. Are you paying support? Yes___ No___ if yes how much \$ _____

b. Are you receiving support? Yes___ No___ if yes how much \$ _____

c. Are you or your spouse receiving public assistance? Yes___ NO___

d. Other then your children, do you have any other dependents?

11. Are you or your spouse in the U.S. Armed Forces? Yes___ No___

12. Health of the Parties:

a. Describe condition of health (good, bad, etc): _____

b. Is there anything we should know about the mental or physical health of any party to this action? _____

c. Do any of your children have exceptional health or dental needs? _____

13. Are you and/or your spouse currently seeing a counselor? If yes, Name and phone number of counselor: _____

14. Does your spouse have an attorney? Yes ___ No ___ if yes, name of attorney

15. Has your spouse physically or mentally abused or hit you? _____ if so please explain _____

16. Please give address & phone number of an individual to contact in case we are unable to reach you. _____

17. Have you contacted us before for legal advice and if so, when? Yes ___ No ___ Date: _____ With whom: _____

18. Please let us know how you were referred to our office:

a. Telephone Book _____

b. Individual referral (please give name) _____

c. Other: _____

Please fill out attached schedules to the best of your knowledge

PROPERTY

Automobile

MAKE & YEAR Date of Purchase Amount Owing Fair Market Value

Real Estate

Property Address--Year Purchased--Amount Owing-- Fair Market Value

Life Insurance Policies

Company Name Policy Number Cash Value Date of Purchase

Retirement Accounts & Profit Sharing inc IRA, 401 K, etc.

Type of plan (defined benefit, savings)--When was it started---Current Value

Bank Accounts

Name of Bank - Account Number--Current Balance—Indiv/Joint

Stocks & Bonds

Company—Current Value--Number of Shares--Fair Market Value—name on acct

Separate Property

Describe Property -- Fair Market Value -- Amount Owning

Explain why you believe property is separate such as inheritance, from whom, amount, and approximate date:

Does anyone owe you or your spouse any money? _____

If so please explain _____

List all debts and Liabilities, include to whom, balance, who incurred:
