

# LAW OFFICE OF EDWARD G. SEITZ, P.L.

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## INITIAL CLIENT INTERVIEW FORM FAMILY LAW

The purpose of an initial consultation is for the attorney to advise you, the prospective client, what, if anything, may be done for you and what the minimum fee for services will be. The purpose is not to render a definitive legal opinion because it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation.

One of three outcomes is possible following your consultation. Either

1. you and the attorney mutually agree to the terms of representation (after a separate document called an Agreement for Representation is signed a copy will be provided to you);
2. the attorney declines representation; or
3. you decide not to use the services of the attorney.

The following questions will help us understand the reason for your visit today. Your responses are protected by the attorney-client privilege and will be held in strict confidence even if you decide not to retain our services.

Name: \_\_\_\_\_  
last first middle or maiden

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_  
number street city state zip

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work phone # \_\_\_\_\_

e-mail: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Spouse: \_\_\_\_\_  
Last First Middle or maiden

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_  
number street city state zip

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

e-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Date of Separation? \_\_\_\_\_

Has Either Party been charge with Domestic Violence? If so who and when?

\_\_\_\_\_

Does either party have an injunction against them?

\_\_\_\_\_

Has there been a history of domestic violence during the marriage? If so, please explain? \_\_\_\_\_

**CHILDREN**

**Full Name                      Present Residence                      DOB    Social Security #**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

For each of the children above, list all addresses where the child has resided within the past six(6) years. Include the name of the person with whom the child has resided.

1. Child's name: \_\_\_\_\_

Address    Dates    Custodian

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Child's name: \_\_\_\_\_

Address    Dates    Custodian

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Child's name: \_\_\_\_\_

Address    Dates    Custodian

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Child's name: \_\_\_\_\_

<u>Address</u>	<u>Dates</u>	<u>Custodian</u>
_____		
_____		
_____		

**Real Property:**

Please list any real property owned by you and/or your spouse. Include the monthly payment, equity, and location.

<u>Location of Property</u>	<u>Value</u>	<u>Mortgage</u>	<u>Monthly Payment</u>	<u>Who will retain</u>
1. _____				
2. _____				
3. _____				

**Vehicles/Mobile Homes/Boats:**

Please list the year, make, model, amount owed, and value of any vehicles, mobile homes, or boats that you and/or your spouse own.

<u>Year</u>	<u>Make/Model</u>	<u>Amount Owed</u>	<u>Value</u>	<u>Who to Retain</u>
_____				
_____				
_____				

**Bank Accounts:**

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Balance</u>	<u>Name(s) on Account</u>
_____			
_____			
_____			

**Insurance Policies:**

<u>Type</u>	<u>Company</u>	<u>Policy No.</u>	<u>Beneficiary</u>
_____			
_____			
_____			

**Other Assets (Stocks, Bonds, Pensions, 401K, etc.):**

<u>Name on Account</u>	<u>Bank/Company</u>	<u>Account #</u>	<u>Balance</u>
_____			

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List any and all property you brought into the marriage and owned prior to being married.

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**Liabilities:**

Please list all debts owed by you and/or your spouse.

Name on Account            Bank/Store Account #    Balance Payment            Responsible Party

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Are there any pending lawsuits involving family members: \_\_\_\_\_

    If yes, what type of lawsuit: \_\_\_\_\_

**Treatment of Income Tax/Refund:** \_\_\_\_\_

**Which Party shall claim minor children as dependents for tax purposes? Mother \_\_\_\_\_ Father \_\_\_\_\_**

**Would you like to have your maiden name restored after the dissolution is final? \_\_\_\_\_ If yes, what is your full maiden name you would like to have restored? \_\_\_\_\_**

Please list any other information you feel would be helpful to the attorney during you consultation.

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If you and your spouse have reached an agreement for a resolution of this case, please state below what you have agreed upon. Include the following that may apply in your case: Distribution of property, payment of debts, division of assets, custody of children, child support, alimony, any other issue involved in your case.

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**How did you learn about our law firm?**

- Bus Bench**
- Bellsouth Yellow Pages**
- Talking Phone Book**
- Personal Referral \_\_\_\_\_ )**
- Other \_\_\_\_\_**

**DO NOT WRITE BELOW THIS LINE (FOR ATTORNEY USE)**

**Client wants:** \_\_\_\_\_

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**STIPULATION:** \_\_\_\_\_

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**QUESTIONS REGARDING PARENTAL RESPONSIBILITY**

**1. Will the parties maintain shared parental responsibility for decisions regarding (1) healthcare and medical issues, i.e., choice of doctor/hospital, health insurance; (2) education, i.e., school selection and location and childcare facilities; (3) sports and/or extra-curricular activities; and (4) religious affiliation, church attendance, etc?**

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**If no, please specify which parent will have responsibility for the following areas of responsibility for the Minor Children.**

**Mother \_\_\_\_\_ Father \_\_\_\_\_ shall have sole parental responsibility for decisions regarding healthcare, education and religion for the Minor Children.**

**OR**

**2. Which Parent shall have parental responsibility for making health care decisions regarding the minor children?**

**Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_**

**3. Which Parent shall have parental responsibility for making decisions regarding education for the minor children.?**

**Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_**

**4. Which Parent shall have parental responsibility for decisions regarding sports and/or extracurricular activities?**

**Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_**

**5. Who shall have the responsibility for making decisions regarding religious related issues, including religious affiliation of the minor children?**

**Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_**

**TIMESHARE./ VISITATION SCHEDULE**

**EXAMPLE**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<u>Mother</u>	<u>Mother</u>	<u>Mother</u>	<u>Mother</u>	<u>Father - Noon pick up</u>	<u>Father</u>	<u>Mother 2:00 p.m. pick up</u>
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
_____						_____

**Holiday Visitation:**

**Specify summer and other holiday time-sharing:**

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**Transportation:**

Who will be responsible for pick up and drop off of minor children for visitation and/or timesharing purposes? \_\_\_\_\_

or

(    ) “Parties will mutually agree upon a location within \_\_\_\_\_ County, Florida to exchange the children.”

If either parent resides out of Escambia County, how will exchange of minor children for visitation purposes be handled?

Exchange Location: \_\_\_\_\_ Expense: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

\*\*\*May insert TBA (To be Agreed Upon by Parties)

