

LAW OFFICES OF RICHARD SAX

ATTORNEY AT LAW
RICHARD SAX
448 SEBASTOPOL AVENUE
SANTA ROSA, CALIFORNIA 95401

Telephone: (707) 525-1824

Facsimile: (707) 525-8119

FAMILY LAW CLIENT INTAKE SHEET

*All information here within is strictly
Confidential and for Attorney's use only.*

DATE: _____

NAME: _____ MAIDEN NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE No.: _____ CELL PHONE No.: _____

DATE OF BIRTH: _____ S.S No.: _____

CA DRIVER'S LICENSE NUMBER: _____ E-MAIL ADDRESS: _____

DO YOU RENT OR OWN A HOME? ____ RENT ____ OWN.

HOW FAR HAVE YOU GONE THROUGH SCHOOL: _____

WHEN DID YOU MOVE TO SONOMA COUNTY? _____ CA? _____

HOW DO YOU PROPOSE TO FINANCE YOUR LEGAL REPRESENTATION? _____

OCCUPATION: _____ TOTAL INCOME \$ _____ .00 PER YEAR

NAME OF EMPLOYER: _____

ADDRESS: _____

WORK No.: _____ FAX No.: _____

NEAREST RELATIVE: _____ Relationship to you? _____

ADDRESS: _____ PHONE No.: _____

HOW DID YOU HEAR ABOUT OUR LAW FIRM? _____ YELLOW PAGES _____ INTERNET

_____ FRIEND _____ (Name of Person who referred you) _____ OTHER

IF MARRIED, DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

Are there any pending court dates/mediation dates? If yes, please list dates & Case No's:

Are you involved in any litigation proceedings? _____ If yes, please explain:

Are there any current orders for support? _____ If yes, what are they?

Please identify all children of this relationship

	<u>NAME</u>	<u>DOB</u>	<u>GENDER</u>	<u>BIRTHPLACE</u>
1.				
2.				
3.				
4.				

Which of these children live primarily with you? _____

Please identify all children of any other relationship

	<u>NAME</u>	<u>DOB</u>	<u>AGE</u>	<u>GENDER</u>
1.				
2.				
3.				
4.				

With whom do these children live? _____ Any Stepchildren? _____

Please tell us about the other party

NAME: _____ MAIDEN NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE No.: _____ CELL PHONE No.: _____

DATE OF BIRTH: _____ SS No.: _____

CA DRIVER'S LICENSE NUMBER: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

NAME OF EMPLOYER: _____

ADDRESS: _____

WORK No.: _____ FAX No.: _____