

Client Information

Is there an existing case? No Yes: Case No.: _____
 How did you hear about us? Internet Friend/Referral Billboard Radio Repeat Other: _____

CLIENT INFORMATION		
First Name:	Middle (FULL): <input type="checkbox"/> None	Last:
Address:		
City:	State:	Zip/Postal Code:
Mobile Phone:	Date of Birth:	When did you move to Nevada?
Personal Email Address (NOT work or school):		
Employer:	Occupation:	Gross Monthly Salary:
Date Married: <input type="checkbox"/> Never Married	Place of Marriage (City & State):	Date of Separation/Divorce:
What are you here for? <input type="checkbox"/> Divorce <input type="checkbox"/> Custody <input type="checkbox"/> Modify Existing Custody/Support <input type="checkbox"/> Other (specify):		
What do you hope to achieve with this action?:		

***** OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE *****

Date of Consult: _____	Consult with: <input type="checkbox"/> CJ <input type="checkbox"/> Mark <input type="checkbox"/> Other: _____
Hearing(s) to be Calendared: _____	
Documents / Pleadings Due: _____	
Price Quote: _____	To include: <input type="checkbox"/> Comp/Answer <input type="checkbox"/> Motion/Opp <input type="checkbox"/> _____ Hearings
Other: _____	

PAYMENTS & FEES

Filing Fees: <input type="checkbox"/> \$35 Motion <input type="checkbox"/> \$350 Divorce/Custody NEW Service: <input type="checkbox"/> \$75 Clark County <input type="checkbox"/> \$200 Out of Clark Co. Deposit <input type="checkbox"/> \$200 Skip Trace Deposit <input type="checkbox"/> \$100 Publication (in town)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: left; padding: 2px;">PAYMENT TERMS</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Pmt Date: _____</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Pmt Date: _____</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Pmt Date: _____</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Pmt Date: _____</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Pmt Date: _____</td> <td style="padding: 2px;">\$ _____</td> </tr> </tbody> </table>	PAYMENT TERMS		Pmt Date: _____	\$ _____	Pmt Date: _____	\$ _____	Pmt Date: _____	\$ _____	Pmt Date: _____	\$ _____	Pmt Date: _____	\$ _____
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ADMINISTRATIVE

Intake Date: _____	Intake By: _____	Closed Date/By: _____
<input type="checkbox"/> QB <input type="checkbox"/> Retainer <input type="checkbox"/> Amicus	<input type="checkbox"/> FDF <input type="checkbox"/> Auto Payments	<input type="checkbox"/> Conflict Check

Party Information

Name: _____

ADVERSE (OTHER) PARTY INFORMATION

First Name	Middle (FULL): <input type="checkbox"/> None	Last:
Address:		
City, State & Zip:	Phone:	
Email Address:		
Date of Birth:	Employer:	Gross Monthly Salary:

MINOR CHILDREN INFORMATION (Please list ALL children)

No Minor Children

First Name:	Middle (FULL): <input type="checkbox"/> None	Last:
Are they part of this action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth Age: 	City & State of Birth:
Grade:	Name of School:	Any Special Needs? <input type="checkbox"/> None

First Name:	Middle (FULL): <input type="checkbox"/> None	Last:
Are they part of this action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth Age: 	City & State of Birth:
Grade:	Name of School:	Any Special Needs? <input type="checkbox"/> None

First Name:	Middle (FULL): <input type="checkbox"/> None	Last:
Are they part of this action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth Age: 	City & State of Birth:
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First Name:	Middle (FULL): <input type="checkbox"/> None	Last:
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Grade:	Name of School:	Any Special Needs? <input type="checkbox"/> None

First Name:	Middle (FULL): <input type="checkbox"/> None	Last:
Are they part of this action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth Age: 	City & State of Birth:
Grade:	Name of School:	Any Special Needs? <input type="checkbox"/> None

Misc. Information

Does the other party know you are filing this action? Yes No

Are they in agreement? Yes No

Is there a history of Drug/Alcohol abuse?

No Yes - Past >1 year Yes - Currently a problem
With whom: You Them No arrests have been made

If YES, please list (include date, case # & Court):

Court: Case #:

Court: Case #:

Is there a history of Domestic Violence?

No Yes - Past >1 year Yes - Currently a problem
Arrest(s): You Them No arrests have been made

If YES, please list (include date, case # & Court):

Court: Case #:

Victim(s):

Has CPS ever been involved?

No Yes - Past Case/Now Closed Yes - Open Case
On whom: You Them No arrests have been made

If YES, please explain:

Will wife revert to her maiden name? Unknown No Yes, to:

First:	Middle: <input type="checkbox"/> No Middle Name Listed on Birth Cert.	Last:
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Custody

Currently, who has LEGAL Custody of the Children? (Decision Making)

Not yet established You Them Joint

Current, PHYSICAL Custody: (where the children live)

Not yet established You Them Joint (50/50 or 60/40 split)

Describe the current visitation schedule:

Mom's visitation:

Dad's visitation:

Desired LEGAL Custody: Joint Sole (Sole Legal Custody ONLY happens if other parent is absent)

Desired PHYSICAL Custody Joint Primary (You) Primary (Them)

Insurance

Who provides insurance?

- You Them Both Nobody has insurance

Through: Work Military State (Medicaid) Other (specify): _____

For: You Them Children

Who will provide insurance for the children AFTER the divorce/custody?

- You Them Both

Insurance cost breakdown:

For you ONLY:	For the Children ONLY:
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Assets & Debts (For Divorce Cases ONLY)

Do you own your home? Yes No, I rent

Do you or your spouse have any of the following (individually or together):

- | | | | |
|--|-----------------------------------|-------------------------------------|--|
| Bank Accounts (checking, savings, etc.) | <input type="checkbox"/> Yes - me | <input type="checkbox"/> Yes - them | <input type="checkbox"/> Neither party has |
| Vehicles, motorcycles, atvs, boats, etc. | <input type="checkbox"/> Yes - me | <input type="checkbox"/> Yes - them | <input type="checkbox"/> Neither party has |
| Retirement/Pension, IRA, 401K, etc. | <input type="checkbox"/> Yes - me | <input type="checkbox"/> Yes - them | <input type="checkbox"/> Neither party has |
| Credit Cards | <input type="checkbox"/> Yes - me | <input type="checkbox"/> Yes - them | <input type="checkbox"/> Neither party has |
| Vehicle loans | <input type="checkbox"/> Yes - me | <input type="checkbox"/> Yes - them | <input type="checkbox"/> Neither party has |
| Student Loans | <input type="checkbox"/> Yes - me | <input type="checkbox"/> Yes - them | <input type="checkbox"/> Neither party has |
| Other loans, debts, etc. | <input type="checkbox"/> Yes - me | <input type="checkbox"/> Yes - them | <input type="checkbox"/> Neither party has |
| Other: | <input type="checkbox"/> Yes - me | <input type="checkbox"/> Yes - them | <input type="checkbox"/> Neither party has |

Explain:

Please note any UNUSUAL information we may need to know about your case:
