

## Client Consultation Information Form

*Thank you for choosing Toner Law Office for your family law consultation. In order to assist you better, please take a moment to answer the following questions:*

**Today's Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Reason for your Consultation:**

- Dissolution of Marriage (Divorce)
  - Child Support Enforcement
  - Post-Divorce Modification
  - Parenting Time
  - Domestic Violence Injunction
  - Other: \_\_\_\_\_
- 

**Telephone Numbers:**

Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please check the most convenient number to reach you; or if you prefer no calls, check here

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**Email address:**

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**How were you referred to this office?**

- Yellow Pages
- Florida Bar Website
- Internet/Website
- Friend, relative, or former client
- Another attorney:  
(name) \_\_\_\_\_
- Other: \_\_\_\_\_

Place of  
Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Marital Address: Is this still the address you are living at? Circle: YES or NO

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

May this address be used to contact you? Circle: YES or NO

\_\_\_\_\_

Name of Opposing  
Party: \_\_\_\_\_

Opposing Party's Place  
of Employment: \_\_\_\_\_

Opposing Party's  
Position: \_\_\_\_\_

Opposing Party's Home Address:  
Can we serve the Opposing Party at this address? YES or NO

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

\_\_\_\_\_

(If divorce case, please complete the following)

Date of Marriage: \_\_\_\_\_

Place of Marriage:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(city) (state) (county)

Date of Separation, if you are separated at this time:

\_\_\_\_\_

Please give the following information for each of your minor children of this marriage or relationship:

(Name) (Age) (Date of birth) (Place of birth)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALL ADDRESS THE CHILDREN HAVE LIVED AT SINCE BIRTH w/DATES OF RESIDENCY

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Describe property owned: (indicate whether joint or individual ownership)

I. Real Estate:

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

II. Mortgage Lender and Total Amount Owed:

\_\_\_\_\_

Value of Real Estate:

\_\_\_\_\_

III. Automobile(s):

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**IV. Bank Account(s):**

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**V. Investments of either parties, Retirement account(s):**

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**VI. Other assets: (including jet skis, boats, 4-wheelers, camper/RV, etc.)**

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**VII. Credit Cards and approximate amount owed:**

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**VIII. List other debts: (medical bills, personal loans, etc.)**

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