

-PLEASE PRINT THIS FORM & COMPLETE IT-

WE WANT TO MAKE OUR TIME WITH YOU AS VALUABLE AS POSSIBLE. BY REVIEWING THIS INFORMATION PRIOR TO YOUR FIRST APPOINTMENT, WE WILL KNOW THE BACKGROUND OF YOUR MATTER AND BE ABLE TO PROVIDE YU WITH SUFFICIENT TIME TO ANSWER YOUR QUESTIONS.

ONCE YOU COMPLETE THIS FORM, PLEASE RETURN IT TO OUR OFFICES BY:

MAIL: LEGALASSITANT@CIESLABEELER.COM

FAX: 847.868.1862

PERSONAL AND GENERAL INFORMATION		
	You	Your Spouse/Partner
Full Legal Name		
Nickname		
Maiden Name/Former Name		
Residential Address		
City, State, Zip		
Residential County		
Telephone Number		
Can we leave you a voicemail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		
Can we email you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth		

Employer's Name		
Employer's Address		
Job Title		
Hours Worked Per Week		
Salary		

MARRIAGE INFORMATION	
Date of Marriage	
Date of Dissolution	

CHILD(REN)'S INFORMATION				
Child's Name	Male or Female?	Birth Date (MM/DD/YY)	Child of	Resides With
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both

Description of the present custodial care (attached copies of all court orders pertaining to decision making and parenting time):

Description of the financial arrangements regarding the children's support (attached copies of all court orders pertaining to the financial support of the children):

Briefly explain your current situation and why you are seeking legal representation at this time:
