



Today's Date: _____

Who referred you to our office? _____

Reason for your visit:

<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Enforcement	<input type="checkbox"/>	Pre-Marital or Post Marital Agreement
<input type="checkbox"/>	Modification	<input type="checkbox"/>	Termination/Adopt.	<input type="checkbox"/>	Name Change
<input type="checkbox"/>	Paternity	<input type="checkbox"/>	Protective Order	<input type="checkbox"/>	Other:

CLIENT CONSULTATION AGREEMENT

As a service to our clients, the Kutty Law Firm provides an initial 60-minute consultation for all contested cases at a rate of \$150.00 per hour.

In your initial consultation, you and the attorney will identify the type of case you have, the key issues and the options you may have under the law. You and the attorney will discuss whether the firm will represent you, what the representation could involve and the amount of the initial retainer that would be required.

At the conclusion of the consultation, the attorney can provide you with a contract for legal services and with the client information questionnaires. If you or the firm fails to sign this contract for legal services, an attorney-client relationship between you and the firm will not extend beyond the initial consultation. However, any communications you make to the attorney during the initial consultation are protected by attorney-client privilege.

Privacy Policy Notice: Attorneys, like other professionals who advise on personal financial matters, are required by a federal law (the Gramm-Leach-Bliley Act) to inform their clients of their policies regarding privacy of client information. Attorneys have been and continue to be, bound by professional standards of confidentiality that are even more stringent than those required by this new law. Therefore, we have always protected our clients' right to privacy. In the course of representing our clients, we receive all manners of significant personal/financial information. If you become a client of this firm, you are advised that all information we receive from you will be held in confidence and not released to outside persons, except as agreed to by you or as required under applicable law. We retain records relating to professional services that we provide to assist our clients with their professional needs and in some cases, to comply with professional guidelines. To guard your nonpublic personal information, we maintain physical, electronic and procedural safeguards that comply with our professional standards.

Please note that it is unethical for any attorney to consult with opposing parties of the same case. The attorney will not meet with you and your current spouse even if the divorce is uncontested. Additionally, it is strongly recommended that no children or third parties be brought with you at the time of your consultation. There is no attorney-client privilege for third parties and they may be called to testify at a later date. Further, because of the seriousness in nature of your legal matter, children will not be allowed in the consultation.

CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

CLIENT INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ How Long in this County? _____

Home Phone: _____ Cell Phone: _____ Work: _____

E-mail Address: _____ Social Media URL: _____

Soc. Sec. No.: _____ Driver's License No: _____

Date of Birth: _____ Place of Birth (City/State): _____

Other names you have been known by (i.e., maiden name): _____

Name change requested? YES NO If yes, what to? _____

EMPLOYER:

Name of Employer: _____ Length of Time at Employment: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Salary/Earnings: \$ _____ Per _____

IN CASE OF EMERGENCY

Name of Emergency Contact, and Relation to You: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

OTHER PARTY INFORMATION (your spouse, partner or ex-spouse)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ How Long in this County? _____

Home Phone: _____ Cell Phone: _____ Work: _____

E-mail Address: _____ Social Media URL: _____

Soc. Sec. No.: _____ Driver's License No: _____

Date of Birth: _____ Place of Birth (City/State): _____

Other names you have been known by (i.e., maiden name): _____

Name change requested? YES NO If yes, what to? _____

EMPLOYER:

Name of Employer: _____ Length of Time at Employment: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Salary/Earnings: \$ _____ Per _____

Is other party represented by an ATTORNEY in this matter? YES NO

If YES, please answer the questions below:

Name of Attorney/Firm: _____

CASE INFORMATION

Date of Marriage: _____ Place of Marriage (City/State): _____

Date of Separation: _____ Date/Place of Divorce, if applicable: _____

Cause Number/Case Number and County/State of prior proceedings, if applicable: _____

Name, sex, date of birth, place of birth, and social security number of each child of this marriage:

CHILD'S NAME	SEX	DOB	PLACE OF BIRTH	SSN

Are the children currently covered by health insurance? If so, please provide name of insurance company, policy number, who is providing the insurance, and the monthly premium just for the children's coverage.

Name, sex, date of birth, place of birth and social security number of each child from prior relationships:

CHILD'S NAME	SEX	DOB	PLACE OF BIRTH	SSN

Do you either pay or receive child support? If yes, how much and to/from whom?

If you will be seeking child support, does your spouse currently have any other biological children who live with him/her, or who he/she is under a court order to support? Please provide as much information as you can.

Do you have any concerns about family violence? YES NO

Is there a protective order in place? If yes, give details:

Do you feel you need a protective order? YES NO

Have you signed a Power of Attorney giving your spouse authority to conduct business in your name?

YES NO

Have you signed a medical power of attorney giving your spouse authority to make medical decisions on your behalf if you are incapacitated? YES NO

If you answered yes to either of the last two questions, do you wish to revoke those documents?

YES NO

Anything else you think I should know?

-----**FOR OFFICE USE ONLY**-----

Conflict Check Completed? _____ Time Start: _____ Time Complete: _____