

# Anderson, Fields, Dermody, Pressnall & McIlwain, Inc., P.S.

\$100 Consultation Fee

Your Name: \_\_\_\_\_

Opposing Party: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Can we send mail to your current address?  Yes  No

Can we call you at home?  Yes  No

If no, please provide an alternate address and/or telephone number

Address \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

## You:

Tele# H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ (personal)

County:  King  Snohomish Other \_\_\_\_\_

Within City Limits?  Yes  No

Currently living together?  Yes  No

Wife's maiden name: \_\_\_\_\_

Place of Marriage (City/State/County) \_\_\_\_\_

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

Date of Separation \_\_\_\_\_

Are you or the opposing party pregnant?  Yes  No

Your SSN \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ State \_\_\_\_\_

Race \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Are you or the opposing party a member of the armed services?  Yes  No

If yes, was it for more than 20 years?  Yes  No If yes, what branch? \_\_\_\_\_

## Opposing Party:

Tele# H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

County:  King  Snohomish Other: \_\_\_\_\_

Within City Limits?  Yes  No

How do you wish to receive your bills from this office?

Via Email: \_\_\_\_\_

Via US Postal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SSN \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ State \_\_\_\_\_

Race \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Your Health Status \_\_\_\_\_

List any major illnesses \_\_\_\_\_

Mental Illnesses diagnosed? \_\_\_\_\_

Occupation \_\_\_\_\_

Employer name \_\_\_\_\_

Employer address \_\_\_\_\_

Employer phone ( ) \_\_\_\_\_

Annual income this year \$ \_\_\_\_\_

Annual income last year \$ \_\_\_\_\_

Health Status \_\_\_\_\_

List any major illnesses \_\_\_\_\_

Mental Illnesses diagnosed? \_\_\_\_\_

Occupation \_\_\_\_\_

Employer name \_\_\_\_\_

Employer address \_\_\_\_\_

Employer phone ( ) \_\_\_\_\_

Annual income this year \$ \_\_\_\_\_

Annual income last year \$ \_\_\_\_\_

**Children of Marriage**

	1	2	3	4
Name				
Age				
Date of Birth				
SSN				
With whom living?				
Special Needs				

Who referred you to this office? \_\_\_\_\_ To which attorney? \_\_\_\_\_

Are you involved in any lawsuits?  Yes  No

If yes, please describe \_\_\_\_\_

**Office Use Only**

File # \_\_\_\_\_

Attorney \_\_\_\_\_

Date \_\_\_\_\_

Cash  Check  CC

Receipt # \_\_\_\_\_

Check # \_\_\_\_\_

CC Auth \_\_\_\_\_