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

Opposing Party:

Tele# H ( ) _____ W ( ) _____

Cell Phone ( ) _____

Email Address: _____

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 _____

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

Via Email: _____

Via US Postal: _____

_____

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 _____

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? _____

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 _____