

# Anderson, Fields, McIlwain & Dermody

## \$100 Consultation Fee

Please Check One

Cash  Check  CC

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 : \_\_\_\_\_

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

Within City Limits?  Yes  No

Currently living together?  Yes  No

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

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

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

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

### **Opposing Party:**

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

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

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

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

Within City Limits?  Yes  No

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

SSN \_\_\_\_\_

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

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

Race \_\_\_\_\_

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

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

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

If so, what branch? \_\_\_\_\_

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

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

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

Occupation \_\_\_\_\_

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

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

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

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

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

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 _____
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