

RHODUS LAW FIRM, PLLC

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Family Law Client Information Sheet

Thank you for setting a consultation with Rhodus Law Firm, PLLC. Please follow the prompts and complete the requested information to avoid any delays in the processing of your appointment.

Full Name (first, last): _____ Date of Consult: _____

Street Address: _____ City: _____ State: _____

ZIP Code: _____ Phone Number: _____ Email Address: _____

Secondary/Alternate Phone #: _____ Date of Birth: _____

Reason for your consultation:

Dissolution of Marriage (Divorce)

Child Support

Paternity

Post-Judgment Modification

Parenting Time

Adoption: Stepparent Relative

Other: _____

How did you hear about Rhodus Law Firm? **Friend, Family Member, Other Professional, Etc.?**

Please tell us who: _____

Online? Please tell us what website: _____ **Bar Association Referral Service?** _____

Please check which one: FL Bar Clearwater Bar Hillsborough Bar Legal Shield/DSK

Other (Specify): _____

Employer: _____ Other Source of Income: _____

Job Title: _____ Employer's Address (city/state/ZIP code): _____

How often are you paid (weekly, biweekly, bimonthly, other): _____

Does your issue involve an open case? Please check yes or no: YES NO

If you checked YES, please provide the county and case number: _____

Does your issue involve a case that is being appealed? Please check yes or no: YES NO

If you checked YES, please provide the specific date when judgment was entered _____

Can you be contacted at the address provided? *Please check yes or no:* YES NO

Name of opposing party: _____

Opposing party's home address: _____

Is the opposing party represented by counsel?: YES NO UNKNOWN

Opposing party's place of employment: _____

PLEASE COMPLETE THE FOLLOWING, IF FOR A DIVORCE CASE:

Date of Marriage: _____ City/County of Marriage: _____

Date of Separation, if current living separate _____

PLEASE COMPLETE THE FOLLOWING, IF MINOR CHILD(REN) SUBJECT TO CASE:

	<u>Name</u>	<u>Date of Birth</u>	<u>City/County of Birth</u>	<u>Gender</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List the following information for your child(ren) for the last five (5) years:

Address: _____ Dates of Residency: _____

Address: _____ Dates of Residency: _____

Address: _____ Dates of Residency: _____

Address: _____ Dates of Residency: _____

Address: _____ Dates of Residency: _____

Does your minor child(ren) have health insurance? YES NO

If yes, indicate which parent provides the coverage: _____

If yes, specify who is the provider: _____

INDICATE ASSETS/LIABILITIES, IF FOR A DIVORCE, PATERNITY, OR CHILD SUPPORT CASE:

For each real estate, indicate the following:

	<u>Address</u>	<u>How Titled?</u>	<u>Mortgage Balance</u>	<u>Est. Property Value</u>	<u>Use</u>
1.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

For each automobile, indicate the following:

	<u>Make/Model</u>	<u>Year</u>	<u>How Titled?</u>	<u>Lender</u>	<u>Paid Off?</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Do you have a Savings Account(s)?

Do you have a Checking Account(s)?

Do you have any Investment Account(s)?

Do you have any Cryptocurrency Account(s)?

Do you have a Retirement Account(s)?

Do you have any outstanding Judgment(s) against you?

Do you have a Credit Card Account(s)?

Do you have any outstand Loan(s) not referenced above?

Please understand that your consultation with one of our **attorneys will not involve any legal work done on your behalf**. During this consultation period, **the attorney does not represent you**. The initial consultation meeting provides you an opportunity to go over facts and details with the attorney. The attorney will explain what legal options are available to guide you through the legal process. Costs and fees will be discussed at that time, should you choose to be represented by the firm beyond the initial consultation. Any information shared between you and the attorney will be held as confidential. *See Rules Regulating the Florida Bar - *Chapter 4: Rules 4-1.17 Lawyer-Client Relationship and 4-1.2 Objectives and Scope of Representation*; *See also, The American Bar Association's Model Rules of Professional Conduct - *Rule 1.18: Duties to Prospective Clients*.

***Signature:** _____ ***Today's Date:** _____

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