



Belva Lockwood

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Family Law Confidential Intake Information Sheet

DATE: _____ REFERRED BY: Phone Book ___ Individual ___ Internet/site ___ Saw building ___

Who referred you to our office? _____

Reason for seeing attorney: _____

(NOTE: No representation is provided until a signed fee contract is received and the retainer is paid).

1. YOUR PERSONAL INFORMATION

Full Name: _____ (_____) _____
Maiden Name, if applicable

Soc. Sec. No.: _____ ** E-Mail address: _____

** Address: _____ City _____

County: _____ State _____ Zip _____

** Phones: (_____) _____ (Home) (_____) _____ (Cell)
(_____) _____ (work)

Birth date: _____ State of Birth: _____ Education Level: _____

Please indicate any special directions or restrictions in calling you or sending email to you: _____

Are there any allegations of domestic violence? ___ Y ___ N

Explain: _____

2. INFORMATION ABOUT YOUR EMPLOYMENT

Are you employed? _____ If yes, complete the following:

Name of Employer: _____

Job title: _____ Employment Dates: _____

Salary/compensation: _____ Do you have a retirement plan, 401K, or other?

If yes, please specify: _____

3. INFORMATION ABOUT FORMER SPOUSE OR OPPOSING PARTY

Full Name: _____ (_____)
Maiden Name, if applicable

Address: _____ County: _____

City _____ State _____

Lived at this address since: _____

Phones: () _____ () _____ Ext. _____
(Home) (Work)

Facsimile: _____ Other: _____

Soc. Sec. Number _____ Place/Date of Birth: _____

Has Spouse retained lawyer? _____ If so, whom? _____

4. FORMER SPOUSE/OPPOSING PARTY'S EMPLOYMENT

Is he/she employed? _____ If yes, complete the following:

Name of Employer: _____ City/State: _____

Job title: _____ Employment dates: _____

Salary/compensation: _____ Do they have a retirement plan, 401K, or other?

If yes, please specify: _____

Please state his/her education and vocational training (include number of years they attended high school, college, if applicable): _____

5. HISTORY OF MARRIAGE RELEVANT TO THIS LEGAL ACTION

Number of this marriage: _____

Date of Marriage: _____ City, County, and State of Marriage: _____

Date of Separation: _____ City, County and State of Divorce: _____

6. CHILDREN

Minor Children of the marriage:

Name: _____ Birth date: _____ Age: _____ Sex: _____

Living with: _____

Name: _____ Birth date: _____ Age: _____ Sex: _____

Living with: _____

Name: _____ Birth date: _____ Age: _____ Sex: _____

Living with: _____

Name: _____ Birth date: _____ Age: _____ Sex: _____

Living with: _____

Do any of your children have any physical or other problems that will be a factor in this case (i.e., learning disability, physical impairment, etc.)? If so, please explain:

Children of prior marriage living with parent :

Name: _____ Birth date: _____ Age: _____ Sex: _____
 Name: _____ Birth date: _____ Age: _____ Sex: _____
 Name: _____ Birth date: _____ Age: _____ Sex: _____

7. VEHICLES

Vehicles	Lender	Monthly Payment	Whose prop.? Wife/Husband	Will you assume payment?
Make: Model: Year:				
Make: Model: Year:				

8. REAL ESTATE

Residence	Lender	Monthly payment	Whose property: Husband/Wife	Mark if you will assume payment
1 st Mortgage				
2 nd Mortgage				

Other Property: _____

9. RETIREMENT/WHOLE LIFE INSURANCE

Retirement/401K	Holding Company	Monthly Contribution	Whose property: Husband/Wife	Estimated Total Value
Whole life Stocks/Bonds				

10. DEBTS

Debts from this Marriage and Balance(s) Owed

(Please place an "X" by all debts you will assume)

Name of Company Owed

Amount Owed:

(Please place an "X" by all debts you will assume)	Name of Company Owed	Amount Owed:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. OTHER INFORMATION

Has your spouse consulted an attorney regarding this matter? Yes ____ No ____

If yes, please indicate his/her name and address, if known: _____

Have you consulted other attorneys regarding this matter? Yes ____ No ____

If yes, please indicate his/her name and address, if known: _____

****Please Note: We will communicate with you using email as far as practicable. Be sure to check your emails frequently. Advise this office of any change to your email address, phone numbers and residence address. Also, do not list an address, telephone number or email address where calls, faxes, emails or pages could be received by the other party or anyone you do not want receiving them; rather, give a safe number or email address, or call us later when you obtain such safe contact information. We STRONGLY suggest that you create a new email account with a new password for any communications with us**

ATTORNEY TO COMPLETE :

Retainer Quote:

Payment

Arrangements: _____