CAGE BUCAR LEWIS, LLC

FAMILY LAW

Confidential Client Initial Consultation Information Sheet

This information is confidential and will be used for conflict purposes.

This information is necessary for the consultation. Please answer all questions to the best of your knowledge.

Date:

Address: Address: Address: Address: Address: Address: Clock box if no mall is to be sent to this subfress E-mail address: Would you prefer to receive your mail via email? Yes No Cell phone: Home phone: Home phone: Work phone: Fax number: Date of Birth: Length of residence in Colorado: Social Security Number: Employer: Employer: Employer Address: Type of work: Income: \$ Income: \$ Attorney's Name: Child's Name: Child's Name: Child's Sate of Birth: Child's Social Security #: Date of marriage: Date of marriage: Date of marriage: Date of marriage: Place of marriage:	YOUR INFORMATION ?	ADVERSE PARTY'S INFORMATION
E-mail address: E-mail address: Would you prefer to receive your mail via email? Yes No Cell phone: Home phone: Work phone: Fax number: Fax number: Date of Birth: Length of residence in Colorado: Social Security Number: Employer: Employer: Employer: Employer: Employer: Employer: Employer: Address: Type of work: Income: \$ Income: \$ Child's Name: Child's Name: Child's Name: Child's Name: Child's Social Security #: Date of marriage: Date of marriage: Date of marriage: Place of marriage:	Your name:	Adverse Party's name:
Would you prefer to receive your mail via email? Yes No Cell phone: Home phone: Work phone: Work phone: Fax number: Date of Birth: Length of residence in Colorado: Social Security Number: Employer: Employer: Employer Address: Type of work: Income: \$ Child's Name: Child's Name: Child's Date of Birth: Email address: Cell phone: Cell phone: Home phone: Work phone: Fax number: Date of Birth: Date of Birth: Employer Address: Type of work: Income: \$ Attorney's Name: Child's Date of Birth: Child's Date of Birth: Child's Date of Birth: Child's Date of Birth: Child's Social Security #: Date of marriage: Date of marriage: Date of marriage: Cell phone: Cell phone: Cell phone: Cell phone: Child phone: Attorney Employer Address: Employer: Employer Address: Attorney's Attorney's Attorney's Attorney's Fax #: Child's Social Security #: Date of marriage: Cell phone: Cell phone: Home phone: Cell phone: Home phone: Attorney's Attorney's Place of marriage: Date of marriage: Date of marriage: Date of marriage: Cell phone: Attorney's Attorney's Attorney's Attorney's Fax #: Child's Social Security #: Date of marriage: Date of marriage:		
Home phone: Work phone: Work phone: Fax number: Date of Birth: Length of residence in Colorado: Social Security Number: Employer: Employer: Employer Address: Type of work: Income: Income: Income: Income: Child's Name: Child's Date of Birth: Child's Date of Birth: Child's Date of Birth: Child's Date of Birth: Child's Social Security #: Date of marriage: Date of marriage:	Would you prefer to receive your mail via email?	E-mail address:
Work phone: Fax number: Fax number: Date of Birth: Length of residence in Colorado: Social Security Number: Employer: Employer: Employer Address: Type of work: Income: Income: Income: Child's Name: Child's Date of Birth: Child's Name: Child's Name: Child's Name: Child's Name: Child's Name: Child's Name: Child's Date of Birth: Attorney's Attorney's Attorney's Attorney's Attorney's Attorney's Address: Child's Name: Child's Date of Birth: Child's Date of Birth: Child's Date of Birth: Child's Social Security #: Date of marriage:	Cell phone:	Cell phone:
Fax number: Date of Birth: Date of Birth: Length of residence in Colorado: Social Security Number: Employer: Employer Employer Address: Type of work: Income: Child's Name: Child's Date of Birth: Child's Name: Child's Date of Birth: Child's Name: Child's Name: Child's Date of Birth: Child's Date of Birth: Child's Date of Birth: Child's Social Security #: Date of marriage: Place of marriage:	Home phone:	Home phone:
Date of Birth: Length of residence in Colorado: Social Security Number: Employer: Employer Employer Address: Type of work: Income: \$ Income: \$ Child's Name: Child's Date of Birth: Child's Date of Birth: Child's Date of Birth: Child's Date of Birth: Child's Social Security #: Date of marriage: Date of Birth: Length of residence in Colorado: Length of residence in Colorado: Length of Birth: Length of residence in Colorado: Length of residence in Colorado: Length of Freidence in Colorado: Social Security Number: Address: Attorney's Attorney's Attorney's Phone #: Attorney's Fax #:	*	•
Length of residence in Colorado: Social Security Number: Employer: Employer Address: Type of work: Income: \$ Income: \$ Child's Name: Child's Date of Birth: Child's Date of Birth: Child's Name: Child's Social Security #: Date of marriage: Place of marriage: Length of residence in Colorado: Social Security Number: Employer: Employer Address: Employer Address: Address: Type of work: Income: \$ Attornee: \$ Attorney's Address: Attorney's Address:	Fax number:	Fax number:
Social Security Number: Employer: Employer Address: Type of work: Income: Child's Name: Child's Date of Birth: Child's Social Security #: Date of marriage: Social Security Number: Employer Employer Address: Type of work: Income: \$ Attorney's Attorney's Address: Attorney's Attorney's Attorney's Phone #: Attorney's Fax #:	Date of Birth:	Date of Birth:
Employer: Employer Address: Type of work: Income: Inc	Length of residence in Colorado:	Length of residence in Colorado:
Employer Address: Type of work: Income: \$ Income: \$ Child's Name : Child's Date of Birth: Child's Date of Birth: Child's Name : Attorney's Address: Child's Name : Attorney's Address: Child's Name : Attorney's Phone #: Attorney's Fax #: Child's Social Security #: Date of marriage:	Social Security Number:	Social Security Number:
Address: Type of work: Income: \$ Income: \$ Child's Name : Child's Date of Birth: Child's Date of Birth: Attorney's Child's Date of Birth: Attorney's Address: Child's Name : Child's Name : Child's Name : Attorney's Phone #: Attorney's Fax #: Child's Social Security #: Date of marriage: Place of marriage:	Employer:	Employer:
Address: Type of work: Income: \$ Income: \$ Child's Name : Child's Date of Birth: Child's Date of Birth: Attorney's Child's Date of Birth: Attorney's Address: Child's Name : Child's Name : Child's Name : Attorney's Phone #: Attorney's Fax #: Child's Social Security #: Date of marriage: Place of marriage:	Employer	Employer
Income: \$ Income: \$ Child's Name : Attorney's Child's Name : Attorney's Child's Date of Birth: Attorney's Child's Date of Birth: Attorney's Phone #: Child's Date of Birth: Attorney's Fax #: Child's Social Security #: Date of marriage:		
Income: \$ Income: \$ Child's Name : Attorney's Child's Name : Attorney's Child's Date of Birth: Attorney's Child's Date of Birth: Attorney's Phone #: Child's Date of Birth: Attorney's Fax #: Child's Social Security #: Date of marriage:	Type of work:	Type of work:
Child's Date of Birth: Child's Name: Child's Date of Birth: Child's Name: Child's Name: Child's Name: Attorney's Phone #: Attorney's Fax #: Child's Social Security #: Date of marriage: Place of marriage:	Income: \$	Income: \$
Child's Name: Child's Date of Birth: Child's Name: Attorney's Address: Child's Name: Attorney's Phone #: Attorney's Fax #: Child's Social Security #: Date of marriage: Place of marriage:	Child's Name :	Attorney's
Child's Date of Birth: Child's Name: Child's Date of Birth: Child's Date of Birth: Child's Social Security #: Date of marriage: Dlace of marriage:	Child's Date of Birth:	Name:
Child's Name : Attorney's Phone #: Child's Date of Birth: Attorney's Fax #: Child's Social Security #: Date of marriage: Place of marriage:	Child's Name :	Attorney's
Child's Date of Birth: Child's Social Security #: Date of marriage: Dlace of marriage:	Child's Date of Birth:	Address:
Child's Social Security #: Date of marriage: Dlace of marriage:	Child's Name :	Attorney's Phone #:
Date of marriage:		Attorney's Fax #:
	Child's Social Security #:	
		Place of marriage:

Summary of Dispute (i.e. Divorce, Child Custody, Child Support, etc.):

Have you had prior representation by an attorney in this or a related matter: Yes No		
If yes, what was the Attorney's name?		
Has this firm represented anyone you know? Yes No		
If yes, who is that person?		
In an effort to track our marketing efforts, please tell us which attorney(s) you were referred to.		
If someone referred you to our firm, please tell us their name (and address, if possible) so that we may thank them for the referral.		
CONSULTATION FEE: I understand and agree that domestic relations consultations at CAGE BUCAR LEWIS, LLC. are not free. I agree to pay the consultation fee. Payment is to be made at the end of the session.		
NO REPRESENTATION: I agree I have not retained the firm of CAGE BUCAR LEWIS, LLC for any purpose unless set forth in a written retainer agreement, or agreed to in writing by CAGE BUCAR LEWIS, LLC.		
Signature Date		