

Client Intake Form *Enforcement*

Information About You				
First Name	Middle Name	Last Name	Former/Maiden Name	
Social Security Number		Driver License Number		State
Address		City	County	State
How long have you resided at your current residence?				County of Residence
Date of Birth		Place of Birth		Employer
Employer's Mailing Address		City	State	ZIP
Please indicate how our firm may securely contact you (<i>select all that apply</i>):				
Home phone	Work phone	Cell phone	E-mail	Home address
Home Phone	Work Phone	Cell Phone	E-Mail Address	
Please indicate the State, County, Court and Matter or Case Name and date of Most Recent Court Order, if any				Date of Divorce, if applicable

Information About Other Party				
First Name	Middle Name	Last Name	Former/Maiden Name	
Social Security		Driver License Number		State
Address		City	County	State
Date of Birth		Place of Birth		Employer
Employer's Mailing Address		City	State	ZIP

Other Party's Attorney	Address	City	State	ZIP
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Children Born or Adopted by the Parties					
1.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		
2.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		
3.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		
4.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		

Health Insurance Information
<p>Please provide the following information relating to the health insurance in effect for the child(ren):</p> <p>Insurance company: _____ Who pays the premium? _____</p> <p>ID no.: _____ Type of policy: Employer Individual Other</p> <p>Group no.: _____ If 'other', provide description: _____</p> <p>Amount of monthly premium attributable to child(ren)'s coverage: _____</p>

Reminder
<p>Please bring a copy of your current decree or court order</p>

Referral

Who referred you to GoransonBain Ausley: (please select one)

Advertisement Attorney Client Financial Advisor Internet Search Organization Realtor

Other(explain) _____

Referral's name or specific publication: _____

If possible, referral's e-mail address: _____

Payment

If you do not retain GoransonBain Ausley as your counsel today, payment in full is due at the conclusion of the consultation.

Initials

Acknowledgement

I understand and acknowledge that my personal information may be used and disclosed in conjunction with GoransonBain Ausley's representation of me. I hereby authorize GoransonBain Ausley to use and disclose my personal information. I understand that the information to be used and disclosed may include my Social Security number, driver license number, date of birth, financial account numbers, or any other sensitive personal information.

Signature