

Client Intake Form

General Family Law Matter

| 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? | | | | ZIP |
| 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 |
| 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 | |

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

| Information About Your Marriage | |
|---------------------------------|--|
| Date of Marriage | Place of Marriage - City and State, or Foreign Country |

| 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 |