

CLIENT INTAKE FORM INSTRUCTIONS – MODIFICATION

Please complete this form as fully and accurately as possible. If any information is not known to you, please insert a question mark (“?”) in the space provided. If you know who has the information please indicate that.

If you retain our legal services and subsequently realize that information provided on this form is incorrect, inaccurate or incomplete, please contact this office and provide the correct information.

Confidential information provided on this form is intended for the use of your legal counsel and is protected by the attorney-client privilege, even if you choose not to retain our services, because the attorney-client privilege extends to preliminary communications looking toward representation, even where representation is never undertaken.

CLIENT CONSULTATION MEETING

Please note that there is a fee of \$150.00 for up to one (1) hour for the first consultation meeting.

The Attorney’s hourly rates are as follows:

Patricia S. Fernandez \$

Nicole K. Socci \$

Miguel A. Nieves \$

RETAINER: \$ _____

Fernandez, Socci & Nieves
Attorneys at Law
CLIENT INTAKE FORM – MODIFICATION

DATE : / /

PERSONAL INFORMATION

1. FULL NAME: _____
2. SOCIAL SECURITY NUMBER: _____
3. MAIDEN NAME (if applicable): _____
4. DATE OF BIRTH (month/date/year): _____
5. DATE AND PLACE OF MARRIAGE: _____
6. DATE OF JUDGMENT OF DIVORCE OR SEPARATE SUPPORT: _____
(month / date / year)
7. DATE OF JUDGMENT OF MOST RECENT MODIFICATION: (if applicable)

(month / date / year)
8. HOME ADDRESS: _____
(street number & name) (city) (state) (zip) (county)
9. MAILING ADDRESS: _____
(street number & name) (city) (state) (zip) (county)
10. PHONE NUMBER: _____ _____ _____
(home) (work) (cell)
11. E-MAIL ADDRESS*: _____
***We contact clients primarily through e-mail. If you would like to be contacted in another manner, please specify: _____**
12. EMPLOYER NAME: _____
13. EMPLOYER ADDRESS: _____
(street number & name) (city) (state) (zip)
14. JOB TITLE: _____
15. ANNUAL INCOME: _____
16. DO YOU HAVE HEALTH INSURANCE? YES / NO
17. HEALTH INSURANCE PROVIDER: _____

INFORMATION ABOUT YOUR FORMER SPOUSE

1. FULL NAME OF FORMER SPOUSE: _____
2. SPOUSE'S MAIDEN NAME (if applicable): _____
3. FULL NAME AND ADDRESS OF FORMER SPOUSE'S COUNSEL: (if your former spouse is representing him/herself, or if you do not know whether your former spouse has counsel, please so indicate):

4. ADDRESS OF FORMER SPOUSE:

(street number & name) (city) (state) (zip) (county)

5. NAME OF FORMER SPOUSE'S EMPLOYER: _____

6. ADDRESS OF FORMER SPOUSE'S EMPLOYER:

(street number & name) (city) (state) (zip)

7. ANNUAL INCOME: _____

INFORMATION ABOUT YOUR CHILD(REN) (If applicable)

FULL NAMES AND BIRTH DATES OF ALL CHILDREN BORN TO OR ADOPTED BY YOU OR YOUR FORMER SPOUSE, INCLUDING ANY CHILD WHOSE FATHER/MOTHER IS NOT YOUR FORMER SPOUSE (if any child is adopted, born to you but not to your former spouse, born to your former spouse but not to you, or if the relationship otherwise requires explanation, please so explain):

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

SUPPORT AND SPECIAL CONCERNS

1. Who pays support? (please circle one): YOU / THE OTHER PARTY
2. What type of support? (please circle all that apply): CHILD SUPPORT / ALIMONY
3. Please describe any potential material change[s] in circumstance since the date of the most recent Judgment of Divorce, Separate Support or Modification:

4. Please describe any health concerns you or your child(ren) might have:

PRIOR LEGAL PROCEEDINGS

1. Are there now or have there ever been any Abuse Prevention Orders (a/k/a 209A Orders or Restraining Orders) between you and your former spouse? YES / NO

a. If so, from what court? _____

b. When was the most recent order entered? _____

c. What is the expiration date of the order? _____

2. Have there been any other court actions between you and your former spouse? YES / NO

a. If so, in what court? _____

b. What order(s) has that court entered? _____

3. Has the Department of Children and Families (formerly known as D.S.S. or the Department of Social Services) been involved with you, your former spouse or any child(ren) at issue? If so, when and why? YES / NO

IMPORTANT DOCUMENTS

If you retain the services of Patricia S. Fernandez & Associates, please remove and keep this page and provide to us as soon as possible the following documents related to any past action(s) between you and your former spouse in the present action:

1. Any Judgment(s) of Divorce, Separate Support or Modification;
2. Any Separation, Support or Modification Agreement(s);
3. Any relevant Court Order(s);
4. Any Complaint(s) for Divorce, Separate Support or Modification;
5. Any Answer(s) or other responsive pleading(s) to any Complaint for Divorce, Separate Support or Modification.
6. Your Income Tax Returns from the year of the latest Judgment of Divorce, Separate Support or Modification;
7. Your Income Tax Returns from the three (3) most recent years;
8. Your four (4) most recent pay stubs.
9. Any Financial statement(s) filed at the time of the most recent Divorce, Separate Support or Modification action; and
10. Any documents in your possession reflecting your former spouse's income.