

Date Opened:
Client #:
Type:
County:
Ref. By:
Fees:
Petitioner/Respondent?

****There is a charge of \$375/hour (pro-rated) for all consultations, payable at the time of the consultation. We accept cash, ATM, and credit cards; checks are accepted only if/when we are retained for representation. UNLESS AND UNTIL YOU SIGN A FEE AGREEMENT (“LEGAL SERVICES AGREEMENT”), WE WILL TAKE NO FURTHER ACTION ON YOUR BEHALF. SERIOUS LEGAL CONSEQUENCES CAN RESULT FROM DELAY. If you do not retain this firm by signing a fee agreement and paying the required retainer, you should immediately seek legal counsel to protect your legal rights.**

Dated: _____
Signature _____

Dated: _____
Signature _____

MEDIATION CLIENTS INFORMATION QUESTIONNAIRE

A. Client's Name (with middle initial): _____
Address: _____
City: _____ Zip Code: _____
Telephone: Home _____ Work _____
FAX _____ Cell _____
E-Mail Address: _____
DATE OF BIRTH: _____
DRIVER'S LICENSE NUMBER: _____
SOCIAL SECURITY NUMBER: _____

B. Client's Name (with middle initial): _____
Address: _____
City: _____ Zip Code: _____
Telephone: Home _____ Work _____
FAX _____ Cell _____
E-Mail Address: _____
DATE OF BIRTH: _____
DRIVER'S LICENSE NUMBER: _____
SOCIAL SECURITY NUMBER: _____

C. Client A's Consulting Attorney (if any): _____
Address: _____
City: _____ Zip Code: _____
Telephone: Home _____ Work _____
 FAX _____ Cell _____
E-Mail Address: _____

D. Client B's Consulting Attorney (if any): _____
Address: _____
City: _____ Zip Code: _____
Telephone: Home _____ Work _____
 FAX _____ Cell _____
E-Mail Address: _____

E. Have you been a resident of California for the last six months and a resident of
_____ County for the last three months? _____
If not, please state your place of residence for the last six months:

County of filing: _____

F. Child(ren)'s Name(s) & Birthdate(s):

G. Have any of the children lived outside the state of California during the last (5) years?

H. Complete address(es) of children for the past five years:
Address: _____
City: _____ Zip Code: _____
Dates lived at the above address: _____

Name(s) of person with whom child(ren) lived: _____

Address: _____

City: _____ Zip Code: _____

Name(s) of person with whom child(ren) lived: _____

Dates lived at the above address: _____

Address: _____

City: _____ Zip Code: _____

Dates lived at the above address: _____

Name(s) of person with whom child(ren) lived: _____

*Attach continuation page if necessary.

I. List the city and state of birth for each child:

J. Have the children lived with any person other than you and/or your spouse?

(Yes or No)

(Name of person with whom children lived and dates)

K. Are there any other pending custody proceedings concerning the children? _____

L. Name of Accountant: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ FAX: _____

M. For Dissolution of Marriage and Legal Separations:

Date of Marriage: _____

Place of Marriage: _____

Date of Separation: _____

Husband's/Wife's/Partner's former name to be restored: _____