

# McBATH LAW FIRM, P.A.

## Matrimonial, Family & Juvenile Law Information Form

Date: \_\_\_\_\_ Attorney: Donald L. McBath, Jr. Quote: \_\_\_\_\_

### Office Policy on Conferences

Often a client will bring a friend or family member to the initial conference or a subsequent meeting with the attorney. While this person may provide emotional support for the client, his or her presence at the conference destroys the attorney-client privilege. If subpoenaed, this person may be compelled to testify as to what was said during the conference. The client may also be compelled to disclose what was said during the conference. The presence of an associate, paralegal, staff member of the attorney, or other person working with the attorney on the case will not destroy the attorney-client privilege.

### **PLEASE COMPLETE THIS FORM AS ACCURATELY AS POSSIBLE. PLEASE PRINT CLEARLY!**

Please tell us what action you are seeking (check all that are appropriate):

DIVORCE     CHILD SUPPORT     CUSTODY     JUVENILE     POST-JUDGMENT  
 STEP-PARENT ADOPTION     PATERNITY     OTHER \_\_\_\_\_

### CLIENT INFORMATION

Your Name: _____ (We will use this as your mailing address for all firm correspondence)	Other Party: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home: _____ Work: _____	Home: _____ Work: _____
Cell: _____	Cell: _____
E-Mail Address: _____	E-Mail Address: _____
County: _____ Soc. Sec. #: _____	County: _____ Soc. Sec. #: _____
Date of Birth: _____	Date of Birth: _____
Employer: _____	Employer: _____
Address: _____	Address: _____

### MARRIAGE INFORMATION

Date of Marriage: \_\_\_\_\_ City and State of Marriage: \_\_\_\_\_

Date of Most Recent Separation: \_\_\_\_\_  
Restore wife's former/maiden name? \_\_\_ Yes \_\_\_ No If Yes, former/maiden name: \_\_\_\_\_

**CHILDREN OF THE MARRIAGE**

Full Legal Name:	Male:	Female:	Date of Birth:	Birth Place:	SS#:
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Primary Residence of the children will be with: \_\_\_\_\_

Visitation terms: \_\_\_\_\_

Is there child support being paid? \_\_\_ Yes \_\_\_ No

If so, by whom and amount? \_\_\_\_\_

Is or should child support be paid via Income Deduction? \_\_\_ Yes \_\_\_ No

Amount of Daycare per week: \_\_\_\_\_ Amount of Children's Health/Dental Insurance: \_\_\_\_\_ paid by whom: \_\_\_\_\_ Amount of your Health/Dental Insurance premium: \_\_\_\_\_, your spouse \_\_\_\_\_

**PROPERTY**

Is there real property? \_\_\_ Yes \_\_\_ No (You must provide us with a copy of your deed)  
\*\*\*IF YOU HAVE REAL PROPERTY, YOU MUST BRING US THE ACTUAL DEED\*\*\*

Additional Notes: \_\_\_\_\_

**METHOD OF REFERRAL**

We like to express our appreciation to the clients and attorneys that may have referred you to us. Please help us do that by advising how you heard about us. Please provide complete name.

\_\_\_\_\_

**DATE & CLIENT SIGNATURE**

All of the provided information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature