

FAMILY LAW

INITIAL CLIENT INFORMATION

Date: ____ / ____ /201__

Your Details	
Full Name	
Previous Names	
Address	Postal: Residential: <input type="checkbox"/> Do not write to me
Telephone Numbers	Home: Work: Mobile:
Email Address	@ <input type="checkbox"/> Preferred Method of Communication
Occupation	
Date Of Birth	
Place Of Birth	
Father's Place Of Birth	
Previous Solicitor	

Other Party	
Full Name	
Address	
Telephone Numbers	Home: Work: Mobile:
Occupation	
Date Of Birth	
Place Of Birth	
Father's Place Of Birth	
Other Party's Solicitor	

Children		
Name	Sex	Date of Birth (Age)
1.	M / F	__/__/__()
2.	M / F	__/__/__()
3.	M / F	__/__/__()
4.	M / F	__/__/__()

Relationship	
Date of cohabitation	__/__/__
Date of marriage	__/__/__ <input type="checkbox"/> Defacto
Date of separation	__/__/__ <input type="checkbox"/> N/A
Date of divorce	__/__/__ <input type="checkbox"/> N/A

Has cohabitation recommenced for any period?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Have there been any previous court proceedings about family law matters?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Has either party ever applied for a domestic/apprehended violence order / IVO?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Has Prompt Legal Services Ever acted for your Partner?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____

Office Use Only	
Conflict check	<input type="checkbox"/> No Conflict <input type="checkbox"/> Conflict _____