



Attorney and Counselor at Law
Certified Specialist – Family Law
The State Bar of California Board of Legal Specialization

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INITIAL CONFIDENTIAL CLIENT DATA SHEET

Thank you for selecting our family law firm. We offer one initial 75 minute consultation for a fee of \$200 (we accept most credit cards) After completing this form, please return it along with your consultation fee to our office. (Please make checks payable to Jefferson L. Stacer).

Date of Appointment: _____

I was referred by: _____

My name: _____

My home address: _____

If you do not wish to receive mail at your home address, please provide your mailing address.

My mailing address: _____

My home telephone: _____ My cell phone: _____

My e-mail address: _____

My birth date: _____ My Social Security No.: _____

My driver's license [state and number]: _____

My occupation: _____

My employer (name & address): _____

How long employed there _____ Rate of pay _____

Business telephone: _____ Work hours: _____

Can you receive calls at work? [] Yes [] No

IN CASE OF AN EMERGENCY, who may we contact?

Name: _____ Relationship: _____

Address: _____

Phone: _____

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The questions below refer to the marriage/relationship about which you will be speaking to the attorney. If you are uncomfortable providing any of the requested information, discuss this with the attorney. All information is confidential.

My spouse/partner's name: _____

My spouse/partner's address: _____

My spouse/partner's home telephone: _____ Cell number: _____

My spouse e-mail address: _____

My spouse/partner's birthdate: _____ Social Security No. _____

My spouse/partner's employer (name and address): _____

My spouse/partner's business telephone: _____

Date of marriage/domestic partnership [if applicable]: _____

Date of separation [if applicable]: _____

INFORMATION REGARDING YOUR CHILDREN

Name (First, Middle Initial, Last) Place of Birth Date of Birth SSN

Has each child resided within the State of California for the last 5 years? Yes [] No []

Does any person other than you or your spouse claim custody or visitation rights? Yes [] No []

Has there been another court case involving custody or visitation for your child(ren)? Yes [] No []

If you are consulting with us regarding a marriage which has already terminated, have you remarried? Yes No

Has your former spouse remarried: Yes No

Have you or your spouse/partner ever sought legal counsel? If yes, please list the names of those attorneys.

Are legal papers currently on file? Yes No

The attorney on the other side, if any, is: _____

Are there any urgent problems which require immediate attention. If yes, what are they?

Are any court dates scheduled? Yes No

If yes, what is scheduled and when? _____

During the marriage/relationship, did abusive behavior such as physical violence or emotional intimidation occur? Yes No

Does your spouse/partner know you are seeking legal advice? Yes No

Please list the names of all of your current medical treatment providers, including counselors and/or psychologists, and describe the reason for which you are receiving treatment:

Please list all current medications you are taking:

Do either you or your spouse claim the other person drinks to excess or uses drugs or mood altering substances? Yes No

Is there anything else you would like to tell us that we ought to know?

What I presently want from you (check as many as you wish):

- I want you to represent me.
- I want pre-divorce counseling as to what might happen generally in a divorce.
- I am "shopping around" for a lawyer and I want to consult with you.
- I have a post-divorce problem I want your opinion on.
- I want a second opinion.
- I am not sure what I want.

Would you like information regarding Retirement Planning?

Yes

No

STACER FAMILY LAW FIRM
Initial Confidential Client Data Sheet
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Would you like information regarding assistance with caring for parents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like information regarding Estate Planning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like information regarding Financial Planning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like information regarding Life/Health insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like a referral to an Accountant or Tax Preparer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I understand this is a consultation only, and that Jefferson L. Stacer does not represent me. I understand that no action will be taken on my behalf other than rendering advice, calculations and legal opinions during the consultation. I will not be represented by Mr. Stacer until there is a signed Attorney Client Agreement setting forth the terms and conditions of representation.

Date: _____

Signature: _____

Rev. 5/10/10