



# BERGERMANN LAW FIRM

Trust • Commitment • Integrity

2180 West First Street, Suite 100, Fort Myers, Florida 33901  
Post Office Box 9342, Fort Myers, Florida 33902

Telephone: (239) 334-0075

Facsimile (239) 334-3660

**FAMILY LAW  
INTAKE FORM**

**Retained Yes/No**

**DATE:** \_\_\_\_\_

**CLIENT'S FULL NAME:** \_\_\_\_\_

**MAIDEN/FORMER NAME (if applicable):** \_\_\_\_\_

**Do you wish this name to be restored? (circle one):**            **YES**            **NO**

**SOCIAL SEC. NO.:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**TELEPHONE:**

Home:     (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell:       (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work:      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PREFERRED CONTACT NUMBER (circle one):**            Home    Cell    Work

**EMAIL:** \_\_\_\_\_

**Email Communication & Transmission Consent**

\_\_\_\_\_ I consent to the law firm transmitting documents, pleadings, messages and other relevant case material/information to the above email address.

**CLIENT EMPLOYMENT INFORMATION:**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Current Income: \_\_\_\_\_

**OPPOSING SPOUSE/PARTY'S INFORMATION:**

**NAME:** \_\_\_\_\_

**SOCIAL SEC. NO.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**TELEPHONE:**

Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**OPPOSING SPOUSE/PARTY'S EMPLOYMENT INFORMATION:**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Current Income: \_\_\_\_\_

Is the other party represented by an attorney? (circle one):    **YES**    **NO**    **UNKNOWN**

If so, who?: \_\_\_\_\_

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**MARRIAGE INFORMATION**

If this is regarding a Dissolution of Marriage (Divorce), please provide the following information:

**DATE OF MARRIAGE:** \_\_\_\_\_                      **PLACE OF MARRIAGE:** \_\_\_\_\_

**DATE OF SEPARATION:** \_\_\_\_\_                      **DATE OF DIVORCE:** \_\_\_\_\_  
(if modification case)

**COUNTY AND STATE WHERE MARRIAGE TOOK PLACE:** \_\_\_\_\_

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**HOW LONG HAVE YOU RESIDED IN THE STATE OF FLORIDA?:** \_\_\_\_\_

**HOW LONG HAVE YOU RESIDED IN THE COUNTY OF YOUR RESIDENCE?:** \_\_\_\_\_

**HAVE YOU EVER BEEN ARRESTED?(circle one):**    **YES**    **NO**

**If yes, please explain:** \_\_\_\_\_

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**NATURE OF SUIT, CLAIM OR INCIDENT**

Please provide a brief description for the matter in which you are seeking legal advise/representation regarding (please provide any additional names, addresses and phone numbers not previously listed):

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**HOW DID YOU HEAR ABOUT OUR FIRM:** \_\_\_\_\_

## **CONSULTATION TERMS AND CONDITIONS**

**Purpose.** The purpose of the initial consultation with our firm is for us to: (a) learn about you and your particular legal needs based on the information you provide; (b) answer your questions to the best of our ability; (c) identify your options and, to the extent possible, analyze the costs and benefits of alternatives; (d) help you determine your course of action, if any; and (e) discuss our fees and terms of representation if an attorney-client relationship is to be established after the consultation.

**Confidentiality.** All information and documents that you provide to us at the consultation shall remain strictly confidential, whether or not you decide to retain us to provide legal services, except as authorized by you or otherwise provided under the applicable Rules of Professional Conduct or other law.

**Limited Scope.** No attorney-client relationship is intended to be established by the consultation. The consultation is a limited scope service provided by us to help you determine whether you may want to retain us to provide legal services. At the conclusion of the consultation, there is no obligation for you to retain us, nor do we have an obligation to provide services to you, unless mutually agreed.

**Retainer Agreement Required.** Following the consultation, if you agree to retain us, and if we agree to provide services to you, then we will prepare a separate, more detailed Retainer Agreement to be executed by both parties. The Retainer Agreement will set forth the terms and conditions of our representation of you, including our fees and the specific services to be performed by us.

I understand and agree to the terms and conditions set forth above concerning my consultation meeting, and I understand that this meeting is limited in scope and will not establish an attorney-client relationship

Signature:

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_