



BERGERMANN LAW FIRM

Trust ♦ Commitment ♦ Integrity

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FAMILY LAW INTAKE FORM

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: _____

SPOUSE/OTHER PARTY'S INFORMATION:

NAME: _____

SOCIAL SEC. NO.: _____ - _____ - _____

ADDRESS: _____

DATE OF BIRTH: _____/_____/_____

TELEPHONE:

Home: (_____) _____ - _____

Cell: (_____) _____ - _____

Work: (_____) _____ - _____

SPOUSE 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?: _____

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: _____

CHILDREN INFORMATION

Are children involved in this action?(circle one): YES NO

If so, how many children are under 18 years of age?: _____

Please provide the following information regarding each child:

FIRST CHILD

CHILD'S NAMES _____

DATE OF BIRTH: ____/____/____

PLACE OF BIRTH _____

SOCIAL SEC. NO.: ____ - ____ - ____

ADDRESS: _____

WITH WHOM DOES THE CHILD RESIDE?: MOTHER FATHER OTHER

Please list all persons residing with the child: _____

SECOND CHILD

CHILD'S NAMES _____

DATE OF BIRTH: ____/____/____

PLACE OF BIRTH _____

SOCIAL SEC. NO.: ____-____-____

ADDRESS: _____

WITH WHOM DOES THE CHILD RESIDE?: MOTHER FATHER OTHER

Please list all persons residing with the child: _____

THIRD CHILD

CHILD'S NAMES _____

DATE OF BIRTH: ____/____/____

PLACE OF BIRTH _____

SOCIAL SEC. NO.: ____-____-____

ADDRESS: _____

WITH WHOM DOES THE CHILD RESIDE?: MOTHER FATHER OTHER

Please list all persons residing with the child: _____

FOURTH CHILD

CHILD'S NAMES _____

DATE OF BIRTH: ____/____/____

PLACE OF BIRTH _____

SOCIAL SEC. NO.: _____ - _____ - _____

ADDRESS: _____

WITH WHOM DOES THE CHILD RESIDE?: MOTHER FATHER OTHER

Please list all persons residing with the child: _____

FIFTH CHILD

CHILD'S NAMES _____

DATE OF BIRTH: _____ / _____ / _____

PLACE OF BIRTH _____

SOCIAL SEC. NO.: _____ - _____ - _____

ADDRESS: _____

WITH WHOM DOES THE CHILD RESIDE?: MOTHER FATHER OTHER

Please list all persons residing with the child: _____

PLEASE PROVIDE THE ADDRESSES WHERE THE CHILD(REN) HAVE LIVED FOR THE PAST FIVE YEARS AND WITH WHOM:

FROM _____ TO _____

WITH(circle all that apply): MOTHER FATHER OTHER

ADDRESS: _____

FROM _____ TO _____

WITH(circle all that apply): MOTHER FATHER OTHER

ADDRESS: _____

FROM _____ TO _____

WITH(circle all that apply): MOTHER FATHER OTHER

ADDRESS: _____

FROM _____ TO _____

WITH(circle all that apply): MOTHER FATHER OTHER

ADDRESS: _____

FROM _____ TO _____

WITH(circle all that apply): MOTHER FATHER OTHER

ADDRESS: _____

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: _____

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: _____