

ROJAS LAW FIRM, PLLC



CONSULTATION FORM

Please fill out as much information as you can on this form. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____

NAME: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ You have lived at current address since: _____

Home/Cell Phone: _____ Email Address: _____

Last 4 numbers of Soc. Sec. No: _____ Last 4 numbers of Driver's License No. _____

Date of Birth: _____ State/Country of Birth: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Position held: _____

Length of time at this place of employment: _____ Salary/Hourly Income: \$ _____

EMERGENCY CONTACT and Relationship to you: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Work Phone: _____

Nature of case / reason for seeking consultation with this office: _____

How did you hear about our office? _____

Have you consulted, retained or have an existing attorney on this matter? If so, please state who you've consulted/retained and when: _____

OTHER PARTY, PARENT OR SPOUSE INFORMATION

NAME: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Other party has lived at this address since: _____

Home/Cell Phone: _____ Email Address: _____

Last 4 numbers of Soc. Sec. No: _____ Last 4 numbers of Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

Other names this person has been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Position held: _____

Length of time at this place of employment: _____ Salary/Hourly Income: \$ _____

CHILDREN INFORMATION

Please provide the following information for children born or adopted during the marriage/relationship that are under the age of 18 or still attending high school.

Name of Child # 1: _____

Date of Birth: _____

Last 4 numbers of Soc. Sec. No: _____

Name of Child #2: _____

Date of Birth: _____

Last 4 numbers of Soc. Sec. No. _____

Name of Child #3: _____

Date of Birth: _____

Last 4 numbers of Soc. Sec. No. _____

Name of Child #4: _____

Date of Birth: _____

Last 4 numbers of Soc. Sec. No. _____

Name of Child #5: _____

Date of Birth: _____

Last 4 numbers of Soc. Sec. No. _____