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Post-Divorce Confidential Intake Information Sheet

Today's Date: _____, 200__

(NOTICE: No representation is provided until a signed fee contract is received and the retainer is paid).

1. YOUR PERSONAL INFORMATION:

Full Name: _____ Maiden Name: _____
Soc. Sec. No.: _____
Place and Date of Birth: _____

Confidential Address - all correspondence from this office will be sent to this address - be sure it is secure: (Do not list an address where mail could be retrieved by the other party or anyone else; rather, give us a safe address, or call us later when you obtain a secure address such as a PO Box).

Street

City State Zip

County of Home Address: _____
Lived at Address Since: _____

Full Work Address:

Street

City State Zip

Telephone Numbers:

(*Do not list a number or email address where calls, faxes, emails or pages could be received by the other party or anyone you do not want receiving them; rather, give a safe number or email address, or call us later when you obtain such safe contact information.

We **STRONGLY** suggest that you create a new email account with a new password for any communications with us).

(only list "safe" numbers)

Home: (____) _____ Cell Phone: (____) _____

Work: (____) _____ Facsimile: (____) _____

Email: _____

Please indicate any directions or restrictions in calling you or sending you email:

Who referred you to our office?: _____

If this individual is an attorney or other professional, to what firm/practice doe he/she belong?:

Can we send a thank you letter to the person who referred you to our office?: _____

2. INFORMATION ABOUT FORMER SPOUSE/OPPOSING PARTY:

Full Name: _____ Maiden Name: _____

Soc. Sec. No.: _____

Place and Date of Birth: _____

Address:

Street

City State Zip

County of Home Address: _____

Lived at Address Since: _____

Full Work Address:

Street

City State Zip

Telephone Numbers:

Home: (____) _____ Cell Phone: (____) _____

Work: (____) _____ Facsimile: (____) _____

3. HISTORY OF PRIOR MARRIAGE RELEVANT TO THIS LEGAL ACTION:

Date of divorce: _____

Place: _____
(County) (State)

Who represented you?: _____

Who represented your ex-spouse?: _____

4. INFORMATION ABOUT YOUR CHILDREN:

Minor Children:

Name: _____ Birthdate: ____/____/____ Living With: _____

Name: _____ Birthdate: ____/____/____ Living With: _____

Name: _____ Birthdate: ____/____/____ Living With: _____

Name: _____ Birthdate: ____/____/____ Living With: _____

Addresses at which the children have lived for the past five years and with whom they lived:

Street _____

City _____

State _____

Zip _____

Do any of your children have any physical or other problems that will be a factor in this case (i.e. learning disability, physical impairment, etc.)? If so, please explain: _____

5. INFORMATION ABOUT YOUR EMPLOYMENT:

Are you employed?: _____ If yes, state: _____

Name of employer: _____

Job title: _____ Nature of job: _____

Employed since: _____ Salary/compensation: _____

Please state your educational and vocational training (include number of years you attended high school and college, if applicable):

6. INFORMATION ABOUT YOUR FORMER SPOUSE/OPPOSING PARTY'S EMPLOYMENT:

Are you employed?: _____ If yes, state: _____

Name of employer: _____

Job title: _____ Nature of job: _____

Employed since: _____ Salary/compensation: _____

Please state your educational and vocational training (include number of years you attended high school and college, if applicable):

7. PRIOR PROCEEDINGS:

Have there been any other modifications filed since the divorce, such as modification of child support, custody, alimony, or visitation?: _____

If so, please describe: _____

Who represented you?: _____
Who represented you ex-spouse?: _____

Has there been any other contempt actions filed since the divorce?: _____
If so, please describe: _____

Who represented you?: _____
Who represented you ex-spouse?: _____

8. OTHER INFORMATION:

Has your ex-spouse consulted an attorney regarding this matter?: _____
If yes, please indicate his/her name and address if known: _____

Street

City State Zip

When?: _____

Have you consulted other attorneys regarding this matter?: _____
If yes, please indicate his/her name and address if known: _____

Street

City State Zip

When?: _____

**Note: The fee for an initial consultation (one hour) is \$250.00*; thereafter, hourly rates apply
*\$350.00 for consultation with founding partner, Randall M. Kessler.**