

 **LAURENT LEGAL**  
A Practice Devoted to Family Law

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NEW CLIENT INTAKE FORM

Date Form Completed: \_\_\_\_\_

Whom may we thank for referring us? \_\_\_\_\_

Please note that your initial consultation will be charged at the primary attorney's regular hourly rate. Consultation fees are payable **at the time of the initial consultation**. For your convenience, we accept MasterCard and Visa.

**YOUR INFORMATION:**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip Code

May we send mail to this address? \_\_\_\_\_ Yes \_\_\_\_\_ No

PHONES(S): HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Does other Party have access to this email? \_\_\_\_\_

EMPLOYER NAME/ADDRESS/PHONE \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**SPOUSE OR OTHER PARTY'S INFORMATION:**

SPOUSE OR OTHER PARTY'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip Code

PHONE NUMBER(S): \_\_\_\_\_

**SPOUSE OR OTHER PARTY'S INFORMATION (Continued):**

EMPLOYER NAME/ADDRESS/PHONE: \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF MARRIAGE (if married): \_\_\_\_\_ PLACE: \_\_\_\_\_

DATE OF SEPARATION: \_\_\_\_\_

**MINOR CHILDREN:**

Name:	Date of Birth:	Age:	Place of Birth:

PLEASE PROVIDE THE RESIDENCE INFORMATION REQUESTED BELOW **FOR THE LAST FIVE YEARS** FOR EACH OF YOUR MINOR CHILDREN:

Period of Residence: (From ___ To ___)	Address:	Adult Child lived with -Name/Present Address	Relationship to Minor Child
From      To: Present			
From:      To:			
From:      To:			
From:      To:			

HAVE THERE BEEN ANY OTHER LEGAL ACTIONS REGARDING THE CUSTODY OF YOUR MINOR CHILDREN?

\_\_\_ NO \_\_\_ YES IF SO, PROVIDE THE COURT LOCATION, CASE NUMBER, AND DATE OF COURT ORDER OR JUDGMENT: \_\_\_\_\_

\_\_\_\_\_

DOES ANY OTHER PERSON (OTHER THAN YOUR SPOUSE OR THE OTHER PARENT) HAVE PHYSICAL CUSTODY OR CLAIM CUSTODY OR VISITATION RIGHTS TO YOUR MINOR CHILDREN?

\_\_\_ NO \_\_\_ YES IF SO, PROVIDE THE NAME AND ADDRESS OF EACH SUCH PERSON AND THE CUSTODY OR RIGHTS CLAIMED BY THAT PERSON:

\_\_\_\_\_  
\_\_\_\_\_

**PENDING CASE INFORMATION:**

CASE NUMBER: \_\_\_\_\_

UPCOMING COURT DATES/DEADLINES:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR APPOINTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QUESTIONS FOR ATTORNEY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_