

# LRBFamilyLaw

ATTORNEYS AT LAW

**This is a CONFIDENTIAL information sheet.**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

*I use e-mail as a primary source of communication with my clients. It is important that you do not use a third party's device, system, or e-mail address for attorney-client communications. A third party may include your employer. Your employer has a right to view your e-mail sent through the employer's workplace device, system or e-mail. Confidential attorney-client communications are protected by a privilege, which can be lost if a third party, such as your employer, spouse, or partner, view the communications. Please provide an e-mail address that you know is secure. If you choose to use your workplace system, device, or e-mail address to communicate with me, please know that you do so at your own risk. I will communicate with you via e-mail using the address you have provided until or unless you provide me with another address.*

I would like legal advice about (please check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Divorce                          | <input type="checkbox"/> Post-Divorce Issues   | <input type="checkbox"/> Partnership Breakup |
| <input type="checkbox"/> Paternity                        | <input type="checkbox"/> Protective Order      | <input type="checkbox"/> Adoption            |
| <input type="checkbox"/> Assisted Reproductive Technology | <input type="checkbox"/> Pre-Nuptial agreement |  |

Your Occupation: \_\_\_\_\_ Your Employer: \_\_\_\_\_

Your Annual Gross Income: \_\_\_\_\_

Date of Present Marriage or Cohabitation (if applicable): \_\_\_\_\_

State and County Where Married (if applicable): \_\_\_\_\_

Name of Spouse or Partner: \_\_\_\_\_

Spouse's Age: \_\_\_\_\_ DOB \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

Spouse's Email address: \_\_\_\_\_

Spouse's Work address: \_\_\_\_\_

Spouse's Home Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Spouse's Income: \_\_\_\_\_

List name, age, and date of birth of any children:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you or your partner/spouse, if any, ever used or participated in assisted reproduction?

\_\_\_\_\_

If yes, have you or your partner/spouse, if any, ever signed a consent form regarding the storage, use or disposition of genetic material?

\_\_\_\_\_

Do you, your family, or your spouse or their family, or any of your children have any disabilities? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

My previous lawyers for this case have been: \_\_\_\_\_

Date of separation from present spouse or partner (if applicable): \_\_\_\_\_

In what County and State did you last reside in as spouses or as partners (if applicable)?

\_\_\_\_\_

While married, have you ever lived another state? If so, where? \_\_\_\_\_

My most important priorities for my attorney are:

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If you have any specific questions, please list them here:

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I was referred to Lauren Barros by: \_\_\_\_\_

I represent to Lauren R. Barros that the above information is true.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_