



CHILLICO & Associates LLC

PROSPECTIVE CLIENT INTAKE FORM

DATE: _____

INFORMATION ABOUT YOU

MY FULL NAME: _____ AGE: _____
FIRST MIDDLE MAIDEN LAST

MY SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ COUNTY OF BIRTH: _____ STATE OF BIRTH _____

RESIDENCE ADDRESS: _____
STREET APT CITY STATE ZIP CODE

COUNTY OF RESIDENCE: _____

HOW LONG HAVE YOU LIVED IN SC? _____

Alternate/temporary address for mail IF the above address is not confidential:

CONFIDENTIAL EMAIL ADDRESS _____ (personal or work)

CONFIDENTIAL PHONE #'S: HOME PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ BUSINESS PHONE: _____

EMPLOYER: _____ INCOME: _____

EMPLOYER ADDRESS: _____

EDUCATIONAL BACKGROUND (HIGHEST DEGREE OR CERT.) _____

HAVE YOU EVER BEEN INSTITUTIONALIZED OR ARRESTED? YES NO

ANYONE IN YOUR HOUSEHOLD EVER INVESTIGATED BY SOCIAL SERVICES? YES NO

If yes, please give details: _____

If you obtain a Decree of Divorce, do you also want to resume the use of your maiden name?

YES NO If yes, print name EXACTLY as you wish it to appear in the Decree:

FIRST

MIDDLE

LAST

INFORMATION ABOUT YOUR POTENTIAL CASE

- Divorce or Separation (Separate Support and Maintenance)
- Custody or Child Support (Outside a divorce or separation)
- Modification of a Prior Order
- Name Change
- Adoption
- Other: _____

• Have you been served with any legal documents? YES NO

• TYPE/DATE SERVED: _____

• Are you currently married to the opposing party?

- YES
- NO → Divorced _____ (date/county/state)
- Never married

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____ (State) _____ (County)

• Are you separated from the opposing party? (not living in the same home)

- YES → Date of Separation: _____
- NO
- Does not apply

In what county did you last live with the opposing party? _____

Children's names and dates of birth of this marriage or relationship:

NAME: _____ DOB: _____ AGE: _____

NAME: _____ DOB: _____ AGE: __
NAME: _____ DOB: _____ AGE: __
NAME: _____ DOB: _____ AGE: __

Number of Previous Marriages: _____ Name(s) of previous spouse(s): _____

Names and dates of birth of children from previous marriage(s) or relationships:

INFORMATION REGARDING SPOUSE OR OPPOSING PARTY:

FULL NAME: _____ AGE: _____
_____ FIRST MIDDLE MAIDEN LAST

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ COUNTY OF BIRTH: _____ STATE OF BIRTH _____

RESIDENCE ADDRESS: _____

COUNTY OF RESIDENCE: _____

OCCUPATION: _____ BUSINESS PHONE: _____

EMPLOYER: _____ INCOME: _____

EDUCATIONAL BACKGROUND (HIGHEST DEGREE OR CERT) : _____

EVER BEEN INSTITUTIONALIZED OR ARRESTED? YES NO

ANYONE IN HOUSEHOLD EVER INVESTIGATED BY SOCIAL SERVICES? YES NO

If yes to either, please give details: _____

Opposing party's present attorneys: _____

Opposing party's previous attorneys: _____

Number of Previous Marriages: _____ Name(s) of previous spouse(s): _____

Provide any other information that you believe would be helpful:

INITIAL CONSULTATION AGREEMENT

- Please note that our first meeting is an initial consultation only. It does not establish an attorney-client relationship between Chillico & Associates, LLC and you.
- All information provided to the firm by you as part of this packet and at the Initial Consultation is protected by the Attorney Client Privilege. Please understand, however, that by meeting with you to discuss your legal concerns, Chillico & Associates, LLC has not undertaken your representation. Meeting with the firm for an Initial Consultation does not bind this firm or the potential client (you) in any way to provide further work or legal services.
- Should this firm undertake your representation, our arrangement must be formalized in writing and consideration must be paid for our services beyond the cost of the Initial Consultation.
- Essentially, the Initial Consultation is an opportunity for the firm to meet you and gather information about your legal concerns. It is also an opportunity for you and the firm to determine whether we are likely to have a strong, productive working relationship.
- **The Initial Consultation lasts approximately one (1) hour. The cost for this consultation is \$250.00. Payment is due at the end of our meeting by cash, check, or major credit card.**
- Family Law litigation is often an emotionally and financially draining process. It can also be lengthy and exhausting. Therefore, it is critical for the client, attorney, and the attorney's staff (if any) to work well together. Chillico & Associates, LLC realizes there are situations where the firm is not the right fit for a potential client. Therefore, that the firm retains the right to refuse to take on a matter, just as you, the potential client, retain the right to decide not to retain the firm.
- Thus, by signing this agreement, you acknowledge that this Initial Consultation is limited in scope and purpose, and does not require this firm to enter into a retainer agreement with you.
- By your signature below, you acknowledge that you have read this entire document, and agree and understand the limited nature of the Initial Consultation, as well as its cost. Thank you for considering Chillico& Associates, LLC.

I acknowledge that I have read, understand and agree to the statements above.

Name (please print)

Date

SIGNATURE

INFORMATION FOR SERVICE OF PAPERS

Name of person to be served: _____

Description of person to be served:

Age: _____

Sex: _____

Race: _____

Height: _____

Weight: _____

Hair color: _____

Eye color: _____

Does this person wear glasses? _____ Please describe eyewear: _____

Any other distinguishing features? (visible tattoos, scars, etc.)

If so, please describe: _____

Home address: _____

Place of employment & address: _____

Description of vehicle: _____

Tag number of vehicle: _____

Any other information needed to help with the service? If so, please describe:

A PHOTOGRAPH WOULD BE MOST HELPFUL IF ANY DIFFICULTY IN SERVICE IS EXPECTED

