

Levitt & Quinn Family Law Center, Inc.

Question Form to be filled out by Applicant

Date: _____

Your Name: _____ DOB: _____

Other Names You Use or Used in the Past: _____

Your Current Husband or Wife's Name: _____ DOB: _____

Other Names Your Current Husband or Wife Uses or Used in the Past: _____

Your Address: _____ Zip Code _____

Your Phone Number: _____

Preferred Language: English Spanish Other: _____

Your Race/Ethnicity: _____ Your Gender: _____ Male _____ Female

1. How will you pay your \$60.00 Intake Consultation Fee? _____ Money Order _____ Credit/Debit Card

2. What type of case do you need help with today? _____

3. Do you have minor children? _____ Yes _____ No If yes, how many? _____

Do they currently live in California? _____ Yes _____ No How long have they lived in CA? _____

If no, how long have they lived outside of California? _____

4. Are you currently employed? _____ Yes _____ No If no, how do you support yourself? _____

If yes, what is your monthly income? _____ Net _____ Gross (before taxes)

If no, are you receiving any form of public assistance? _____ Yes _____ No Type _____

5. Have any papers been filed in court by either you or the opposing party?

_____ Yes _____ No If yes, what is the case number? _____

If yes, where is courthouse? _____

6. Has a lawyer ever helped you in a family law matter?

_____ Yes _____ No If yes, what is the attorney's name: _____

7. Do you or your spouse own a business?

_____ Yes _____ No If yes, what type of business? _____

8. Do you or your spouse own property in another state?

_____ Yes _____ No If yes, where? _____

9. Do you or your spouse own property in a foreign country?

_____ Yes _____ No If yes, where? _____

10. Are you or the other party in the military?

_____ Yes _____ No

11. How did you hear about Levitt & Quinn Family Law Center?

_____ Friend _____ Court _____ Referring Organization _____ Other

12. Would you like information regarding mediation of your case? Yes: _____ No: _____

INFORMATION ABOUT THE OPPOSING PARTY IN THIS CASE:

Opposing Party's Name: _____ DOB: _____

Other Names Opposing Party Uses or Used in the Past: _____

Opposing Party's Current Husband or Wife's Name: _____ DOB: _____

Other Names Opposing Party's Current Husband or Wife Uses or Used in the Past: _____

Opposing Party's Address: _____ Zip Code _____

Opposing Party's Phone Number: _____

CONFLICT CHECK CONDUCTED _____ Yes _____ No BY STAFF INITIALS _____

_____ Applicant Asked to Obtain Additional Paperwork

_____ Rejected After Initial Screening

_____ Left after Orientation

_____ Rejected After Consultation

_____ Case Accepted and Assigned to: _____ Session Fee: 60 90 125 155 185 200 250 other

_____ Referred to other agencies

Type of Case: Disso CS Cust Post Adopt Guard Pat
Gross Mo. _____