

McFARLING LAW GROUP

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Post Decree (without children) Intake Sheet

Today's date: _____

This intake form is required to be filled out to the best of your ability. Names of all parties must be filled in prior to the consultation for conflict checks.

Please State your Top 3 Litigation Goals in Order of Importance:

Examples of Good Goals: "I want joint custody of my son" I want to prevent the other parent from relocating with our child".

Examples of Bad Goals: "I want to expose to the world what a liar he/she is"

Goal #1: _____

Goal #2: _____

Goal #3: _____

Personal Data – please fill in all fields

Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Fax No: _____

Is it ok to contact you at the phone numbers listed above? _____

Personal Email: _____ work email _____

Do you prefer we use your personal email, work email or both? _____

All Former Names: _____

Driver's License Number: _____ Issuing State: _____

Soc Sec #: _____ Age: _____ Birth date: _____

Marital status: Married Separated Divorced

Education/Training: _____

Employment Information:

Job Title: _____

Employer Name _____

Address _____

City, State, Zip _____

Employer Phone _____

Salary: Gross\$ _____ Net\$ _____ Per: _____

Work Hours: _____

Date began employment: _____

Other Party – opposing party in the case

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email: _____ work email _____

Fax No: _____

All Former Names: _____

Driver's License Number: _____ Issuing State: _____

Soc Sec #: _____ Age: _____ Birth date: _____

Education/Training: _____

Employer Information:

Job Title: _____

Employer Name _____

Address _____

City, State, Zip _____

Employer Phone _____

Salary: Gross\$ _____ Net\$ _____ Per: _____

Work Hours: _____

Date began employment: _____

UNDERLYING ORDERS OR JUDGMENTS

Are you aware of any ongoing proceedings surrounding this matter? YES NO

EXPLAIN (Please supply Dates, State, County and Details):

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained and reason to discontinue service.) _____

Which provisions from your decree would you like to modify?

ALIMONY OR PAYMENTS

Currently paid to/received from a former spouse \$_____ per: _____; dates through which sums are payable: _____

If not currently in place, or if some change in payments is sought please specify:

How did you hear about us?

- LRIS State Bar Referral Service
- State Bar website list of specialists
- FindLaw.com
- AttorneyGuide.com
- Lawyers.com
- MartindaleHubbel.com
- Avvo.com
- Other internet directory: _____
- Google.com
- Yahoo.com
- Other internet search: _____
- Friend, Friend's name: _____
- Other: _____