

Sauer & Petterson

Family Law, LLC

Initial Consultation Form Allocation of Parental Responsibilities

Thank you for considering the Sauer & Petterson Family Law firm to represent you. The information we ask for below is needed to complete the required conflict checks in order to provide a consultation. If you have any questions concerning the information that we are requesting, please ask us and we would be more than happy to discuss this with you.

Information concerning you, the Mother:

Full Legal Name: | _____ | _____ | _____ |
 First Middle Last

Date of Birth: _____ Cell Phone No.: _____

SSN: _____ Home Phone No.: _____

Length of Residence in Colorado: _____ Work Phone No.: _____

E-Mail Address: _____

Address where you live:

Current Employer: _____ Position: _____

Information concerning the Father:

Full Legal Name: | _____ | _____ | _____ |
 First Middle Last

Date of Birth: _____ Cell Phone No.: _____

SSN: _____ Home Phone No.: _____

Length of Residence in Colorado: _____ Work Phone No.: _____

E-Mail Address: _____

Address where he lives:

Current Employer: _____ Position: _____

Information regarding any children adopted, born, or otherwise could be identified with importance to your case:

1. Name: _____ Place of Birth: _____

Date of Birth: _____ Emancipated? (check one): YES NO

SSN: _____

Where Residing: _____ (check one): Mother or Father

Resided in Colorado since birth? (check one): YES NO

If NO, date child moved to Colorado: _____

2. Name: _____ Place of Birth: _____

Date of Birth: _____ Emancipated? (check one): YES NO

SSN: _____

Where Residing: _____ (check one): Mother or Father

Resided in Colorado since birth? (check one): YES NO

If NO, date child moved to Colorado: _____

3. Name: _____ Place of Birth: _____

Date of Birth: _____ Emancipated? (check one): YES NO

SSN: _____

Where Residing: _____ (check one): Mother or Father

Resided in Colorado since birth? (check one): YES NO

If NO, date child moved to Colorado: _____

Social Services Involvement:

Have the parents or children received any benefits or assistance from the state Department of Human Services or the county Department of Social Services? (check one):

YES NO

If YES, please indicate which child(ren) and parent(s) received the benefit:

Restraining Orders:

Have any restraining orders been issued for either party?

YES NO

If yes, please provide the details including county, case number and date:

County: _____ Case Number: _____ Date: _____

Prior Litigation Regarding Child(ren):

Have you participated in any litigation about the children as a party or witness?

YES NO

If yes, please provide the details, including county, case number and date:

County: _____ Case Number: _____ Date: _____

Parental Responsibilities, Parenting Time or Other Visitation Rights:

Are there any persons, other than the parties, that have allocation of parental responsibilities, parenting time, or other visitation rights to the children of this marriage?

YES NO

If yes, please provide the name, address and phone number of each such person.

Name Address Telephone Number

Please give us a little information about the type of case you're here on today. Please do not provide any confidential information.

You are here today to discuss the following type of family law case:

Divorce Child Support Custody or Parenting Time Issues

Other: _____

You have questions about the following issues:

| | |
|--|---|
| Parenting Time / "Custody" <input type="radio"/> | Maintenance / "Alimony" <input type="radio"/> |
| Division of Debts <input type="radio"/> | Marital Home <input type="radio"/> |
| Substance Abuse <input type="radio"/> | Child Support <input type="radio"/> |
| Domestic Violence <input type="radio"/> | Retirement Accounts <input type="radio"/> |
| Moving Out of State <input type="radio"/> | |

Description / Location Information for Service of Process:

General/Approximate Description of Opposing Party for service of process purposes:

Height: _____ Weight: _____

Hair: _____ Eyes: _____

Scars, Marks, or any other identifying features: _____

Make, Model, Year, Color of motor vehicle driven by Opposing Party:

Preferred location(s) to serve the Opposing Party with initial documents in your case:

Location #1: _____

Check One: HOME WORK OTHER

(Days and Times Opposing Party is at this location)

Location #2: _____

Check One: HOME WORK OTHER

(Days and Times Opposing Party is at this location)

How did you hear about us?

- Website
- Friend/Family Member
- Radio Advertisement
- Colorado Bar Association
- Other: _____

Free Consultation Terms and Conditions

Sauer & Petterson Family Law provides FREE consultations to answer questions about the legal process, attorney fees and costs, time-frames, and resources that might be available. We also discuss how our firm might be able to assist you with your legal matter and what our initial retainer might be in your case. However, by Colorado law, we cannot provide legal advice to non-clients. This means, in part, that we cannot take the facts of your case and tell you what you should do or review any documents and provide legal assistance in their regard.

Due to the unpredictable nature of legal cases, we cannot provide any guarantees about either the total costs of your case or the outcome. Our lawyers cannot - and do not - estimate the final amount of attorney fees in any case.

By our office offering free consultations, no attorney/client relationship is intended to be created. WE ARE NOT YOUR LAWYERS unless and until you sign a fee agreement and post a retainer. By your certification below, you understand no confidential information can be discussed or exchanged and that this FREE consultation does not mean we are your lawyers or that you are a client. You agree that you will not assert the creation of an attorney/client relationship as a result of this free consultation at any time in the future.

Sauer & Petterson Family Law offers a SUSTAINING RETAINER to all our clients. A sustaining retainer means that we require clients to keep their full retainer in our trust account at all times. At the end of a case, a client will get back whatever balance remains in our trust account after a final billing has been issued. During the case, twice a month, we will automatically bill a credit card on file for the attorney fees and costs incurred, and we will bring the retainer amount back up to the original amount. This will be explained in greater detail during your free consultation and the full terms and conditions are contained in the fee agreement you will sign, should you decide to hire our firm.

Date

Signature of Potential Client *

*Typing your name shall serve as your signature.