



*We're here to help you! Thank you for choosing us.*

**CONSULTATION FORM**

PLEASE PRINT:

DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

YOUR MAILING ADDRESS: Street: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

HOME TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

CELL/PAGER NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

IS YOUR EMAIL PRIVATE? \_\_\_\_\_ CAN YOU RECEIVE TEXT MESSAGES ON YOUR PHONE AND IS IT PRIVATE? \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_ DATE OF MARRIAGE: \_\_\_\_\_

YOUR EMPLOYER: \_\_\_\_\_

YOUR EMPLOYER'S ADDRESS: \_\_\_\_\_

WORK TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG THERE: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_

SPOUSE'S EMPLOYER'S ADDRESS: \_\_\_\_\_

SPOUSE'S WORK TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SPOUSE'S HOME ADDRESS AND TELEPHONE NUMBER, IF DIFFERENT: \_\_\_\_\_

SPOUSE'S CELL PHONE NUMBER, IF DIFFERENT: \_\_\_\_\_

SPOUSE'S E-MAIL ADDRESS: \_\_\_\_\_

SPOUSE'S FAX NUMBER: \_\_\_\_\_

SPOUSE'S OCCUPATION: \_\_\_\_\_ HOW LONG THERE: \_\_\_\_\_

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

YOUR DRIVER'S LICENSE NUMBER: \_\_\_\_\_

YOUR SPOUSE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

YOUR SPOUSE'S DRIVER'S LICENSE NUMBER: \_\_\_\_\_

NAME, ADDRESS, AND PHONE NUMBER OF FRIEND OR RELATIVE WE MAY CONTACT ON AN EMERGENCY: \_\_\_\_\_

MINOR CHILDREN'S NAMES: SEX DATE OF BIRTH: BIRTHPLACE: SOCIAL SEC.#

- HAS ANY MEMBER OF YOUR FAMILY EVER HAD A CONSULTATION WITH ELENA KRITZER BEFORE? ( ) NO ( ) YES, NAME: \_\_\_\_\_
- DO YOU CURRENTLY HAVE AN ATTORNEY? ( ) YES ( ) NO
- HOW DID YOU HEAR OF THE LAW FIRM? \_\_\_\_\_

*We charge only \$50.00 for an initial consultation which is due prior to the consultation with the attorney.*

ASSETS- DO YOU OWN OR ARE YOU BUYING: \_\_\_\_\_

	(YES)	(NO)	
Real Property:	( )	( )	Location: _____
Vehicle (cars, trucks, etc.):	( )	( )	Yr/Model: _____
Checking Accounts:	( )	( )	Balance: _____
Savings Accounts:	( )	( )	Balance: _____
Household Furnishings:	( )	( )	Resale Value: _____
Jewelry and Collections:	( )	( )	Resale Value: _____
Stocks and Bonds:	( )	( )	Value: _____
Retirements Benefits	( )	( )	Describe: _____
Life Insurance:	( )	( )	Cash Value: _____
Personal Injury Claims:	( )	( )	Describe: _____
Business Interests:	( )	( )	Describe: _____

What is your monthly take home pay? \$ \_\_\_\_\_ Your Spouse's \$ \_\_\_\_\_

	(YES)	(NO)
Do you currently have an attorney	( )	( )

	( )	( )
Are you involve in a lawsuit?	( )	( )
If so, please describe: _____		

	( )	( )
Have you ever filed a bankruptcy before?	( )	( )
Your spouse?	( )	( )

	( )	( )
Has any of your personal or real property ever been repossessed or foreclosed?	( )	( )
If so, please give details: _____		
_____		

PLEASE LIST ALL OF YOUR BILLS/CREDITORS:

	Creditors Name	Amount Owed	Months Payments	Months Behind	Collateral Pledged
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				

Please use the reverse side if necessary.