



BLADO KIGER, P.S.

Attorneys at Law

Bank of America Building, 2nd Floor | 3408 South 23rd Street
Tacoma, Washington 98405-1609
Tel: (253) 272-2997 | Fax: (253) 627-6252
www.bladokiger.com

FAMILY LAW INTAKE FORM

TODAY'S DATE: _____

1. CLIENT INFORMATION		
A. NAME	B. DOB	C. BIRTHPLACE
D. DRIVER'S LICENSE NUMBER	E. EDUCATION & TRAINING	
F. MAILING ADDRESS	G. BILLING ADDRESS (if different)	
<i>Street</i>	<i>Street</i>	
<i>City State Zip</i>	<i>City State Zip</i>	
H. HOME PHONE	I. WORK PHONE	J. CELL PHONE
L. SOCIAL SECURITY NUMBER	M. E-MAIL ADDRESS	
Have you consulted another attorney regarding this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who?		
<i>How did you learn of Blado Kiger, P.S.?</i>		
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Find Law	<input type="checkbox"/> Referred by: _____
<input type="checkbox"/> Dex Online	<input type="checkbox"/> Drove by	<input type="checkbox"/> Friend - Name: _____
<input type="checkbox"/> Lawyers.com	<input type="checkbox"/> Former client	
<input type="checkbox"/> Martindale Hubbell		

PLEASE NOTE!

We do charge for initial consultations at our normal hourly rate. However, unless otherwise indicated, if you hire our firm for legal services we will give you a free credit of one-half hour off of your first bill. Payment, if applicable, is expected at the end of the consultation. For your convenience, we accept cash, personal check, and VISA or MasterCard. Thank you for choosing our firm.

2. SPOUSE INFORMATION

A. NAME		B. DOB	C. BIRTHPLACE
D. DRIVER'S LICENSE NUMBER		E. EDUCATION & TRAINING	
F. MAILING ADDRESS		G. ATTORNEY FOR SPOUSE - ADDRESS	
<i>Street</i>		<i>Name</i>	
<i>City State Zip</i>		<i>Street</i>	
		<i>City State Zip</i>	
H. HOME PHONE	I. WORK PHONE	J. CELL PHONE	
L. SOCIAL SECURITY NUMBER			

3. MARRIAGE

A. PLACE OF MARRIAGE	B. DATE OF MARRIAGE
C. DATE OF SEPARATION	D. WIFE'S MAIDEN NAME
RESTORED <input type="checkbox"/> YES <input type="checkbox"/> NO	

4. LITIGATION

Has a domestic relations action been filed? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please complete the following:			
COURT NAME	CAUSE/CASE NO.	HEARING DATE (if any)	HEARING TIME (if any)

5. CHILDREN – OF THIS MARRIAGE (BORN OR ADOPTED):

A. NAME	DOB:
	CURRENT AGE:
LIVING WITH:	SSN:

CHILDREN CONT.

B. NAME	DOB:
	CURRENT AGE: _____
LIVING WITH:	SSN:
C. NAME	DOB:
	CURRENT AGE: _____
LIVING WITH:	SSN:
D. NAME	DOB:
	CURRENT AGE: _____
LIVING WITH:	SSN:
E. NAME	DOB:
	CURRENT AGE: _____
LIVING WITH:	SSN:
F. NAME	DOB:
	CURRENT AGE: _____
LIVING WITH:	SSN:
G. HEALTH PROBLEMS WITH CHILDREN	H. WIFE PREGNANT?
<i>LIST:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. PRIOR MARRIAGES OF CLIENT

NAME OF FORMER SPOUSE		DATE OF DIVORCE	
CHILDREN BY PRIOR MARRIAGE			
NAME	AGE	SUPPORT PAID/REC'D AND AMOUNT	COUNTY, STATE

7. PRIOR MARRIAGES OF SPOUSE

NAME OF FORMER SPOUSE		DATE OF DIVORCE	
CHILDREN BY PRIOR MARRIAGE			
NAME	AGE	SUPPORT PAID/REC'D AND AMOUNT	COUNTY, STATE

8. CLIENT EMPLOYMENT

EMPLOYER	ADDRESS
	<i>Street</i>
	<i>City State Zip</i>
JOB TITLE	DATE OF HIRE
GROSS PAY (WEEK/BI-WEEKLY/BI-MONTHLY/MONTH)	NET PAY (WEEK/BI-WEEKLY/BI-MONTHLY/MONTH)

CLIENT EMPLOYMENT CONT.	
MEDICAL/DENTAL INSURANCE	WHO IS COVERED?
PENSION/RETIREMENT/PROFIT SHARING?	LIFE INSURANCE THROUGH EMPLOYER
UNEMPLOYED?	LAST WORKED:

9. SPOUSE EMPLOYMENT	
EMPLOYER	ADDRESS
	<i>Street</i>
	<i>City State Zip</i>
JOB TITLE	DATE OF HIRE
GROSS PAY (WEEK/BI-WEEKLY/BI-MONTHLY/MONTH)	NET PAY (WEEK/BI-WEEKLY/BI-MONTHLY/MONTH)
MEDICAL/DENTAL INSURANCE	WHO IS COVERED?
PENSION/RETIREMENT/PROFIT SHARING?	LIFE INSURANCE THROUGH EMPLOYER
UNEMPLOYED?	LAST WORKED:

10. MEDICAL PROBLEMS	
CLIENT DISABILITY	SPOUSE DISABILITY

ATTORNEY'S NOTES:

OFFICE USE ONLY		
Conflict Check Completed	Completed by (Initials)	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No		