

Date: _____

Client Number: _____

Matter Number: _____

NEW CLIENT QUESTIONNAIRE

Prater Bailey & Associates, LLC

Please Select All Reasons For Visit

- | | |
|---|---|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Custody |
| <input type="checkbox"/> Community Property Partition | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Last Will and Testament | <input type="checkbox"/> Succession |
| <input type="checkbox"/> Intrafamily Adoption | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Interdiction | <input type="checkbox"/> Grandparent Custody/Visitation |

NEW CLIENT INFORMATION:

Full Legal Name: _____
(Including maiden names, previous married names, etc.)

Referred by (If applicable): _____

Birthday: _____ **Social Security #:** _____

Driver's License/ID Number: _____

Physical Address: _____

Mailing Address: _____
(That your spouse or ex does not have access to)

Cell Phone Number: (_____) _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Email Address: _____

Email Address: _____

Date of Marriage: _____ **Date of Physical Separation:** _____

Parish or County of Marriage: _____

Parish or County where you last lived together as husband and wife:

DEFENDANT INFORMATION (Who you are suing):

Full Legal

Name: _____

(Including maiden names, previous married names, etc.)

Birthday: _____ **Social Security #:** _____

Driver's License/ID Number: _____

Physical Address: _____

Cell Phone Number: (_____) _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Email Address: _____

Email Address: _____

This initial consultation does not constitute legal representation. This is a consultation only. All fees paid this date will be for this consultation only. The consultation fee charged will be pro-rated for the time you spend with the attorney based on that attorney's hourly rate: Lisa Prater Bailey @ \$275.00 per hour; Lorraine A. McCormick @ \$300.00 per hour, and Robin V. Cazayoux @ \$225.00 per hour.

This initial consultation does not constitute legal representation. This is a consultation only. All fees paid this date will be for this consultation only. Formal legal representation will not be effective until such time as a formal contract is signed by both the client & the attorney and the requested advance deposit is paid.

Sign

Date

Minor Children

Child 1

Full Legal Name: _____

Date of Birth: _____ Age: _____

Name of School/Childcare: _____

Annual Tuition/Monthly Fee: _____

School-Related Expenses: _____

Extracurricular Activity: _____ Monthly Cost: _____

Extracurricular Activity: _____ Monthly Cost: _____

Extracurricular Activity: _____ Monthly Cost: _____

Child 2

Full Legal Name: _____

Date of Birth: _____ Age: _____

Name of School/Childcare: _____

Annual Tuition/Monthly Fee: _____

School-Related Expenses: _____

Extracurricular Activity: _____ Monthly Cost: _____

Extracurricular Activity: _____ Monthly Cost: _____

Extracurricular Activity: _____ Monthly Cost: _____

Child 3

Full Legal Name: _____

Date of Birth: _____ Age: _____

Name of School/Childcare: _____

Annual Tuition/Monthly Fee: _____

School-Related Expenses: _____

Extracurricular Activity: _____ Monthly Cost: _____

Extracurricular Activity: _____ Monthly Cost: _____

Extracurricular Activity: _____ Monthly Cost: _____

Child 4

Full Legal Name: _____

Date of Birth: _____ Age: _____

Name of School/Childcare: _____

Annual Tuition/Monthly Fee: _____

School-Related Expenses: _____

Extracurricular Activity: _____ Monthly Cost: _____

Extracurricular Activity: _____ Monthly Cost: _____

Extracurricular Activity: _____ Monthly Cost: _____

Employment

Husband/Partner

Current Employment _____

Work Address _____

Job Title _____

Date Started _____ Ended _____ Retired _____

Union Affiliation _____

BENEFITS

Life Insurance No Yes, Location _____

Profit Sharing No Yes, Location _____

Pension Fund No Yes, Location _____

Union Plan No Yes, Location _____

PRIOR EMPLOYMENT

Date Started _____ Ended _____ Retired _____

Union Affiliation _____

BENEFITS

Life Insurance No Yes, Location _____

Profit Sharing No Yes, Location _____

Pension Fund No Yes, Location _____

Union Plan No Yes, Location _____

Wife/Partner

Current Employment _____

Work Address _____

Job Title _____

Date Started _____ Ended _____ Retired _____

Union Affiliation _____

BENEFITS

Life Insurance No Yes, Location _____

Profit Sharing No Yes, Location _____

Pension Fund No Yes, Location _____

Union Plan No Yes, Location _____

PRIOR EMPLOYMENT

Date Started _____ Ended _____ Retired _____

Union Affiliation _____

BENEFITS

Life Insurance No Yes, Location _____

Profit Sharing No Yes, Location _____

Pension Fund No Yes, Location _____

Union Plan No Yes, Location _____

Personal Advisors

Include name, address, and phone number for each advisor

Financial Advisor

Power of Attorney (financial)

Attorney

Power of Attorney (medical)

Accountant

Insurance Agent

Personal Representative/Executor

Tax Preparer

Religious Contact

Other Contact
