

**Gimmel, Weiman, Ersek, Blomberg & Lewis, P.A.**  
*Client Initial Information Form*

*Client's Name:* \_\_\_\_\_

1. *Conflict cleared on:* \_\_\_\_\_ **20**

2. *Referred by:* \_\_\_\_\_

3. *Spouse's name:* \_\_\_\_\_

4. *Spouse's Attorney:* \_\_\_\_\_

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**Initial Consultation Fees Quoted:** \_\_\_\_\_

**Attorney's Additional Hourly Rate:**

- **Gerald K. Gimmel:** \_\_\_\_\_
- **Steven T. Blomberg:** \_\_\_\_\_
- **Paul S. Lewis:** \_\_\_\_\_

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**RETAINER AMOUNT QUOTED:** \$ \_\_\_\_\_

**Gimmel, Weiman, Ersek, Blomberg & Lewis, P.A.**  
*Client Initial Information Form*

**I. Identification**

1. **Client's Name:** \_\_\_\_\_ *Referred by:* \_\_\_\_\_

*Home Address (including zip code):* \_\_\_\_\_

Owned?  *Leased?*  \_\_\_\_\_

*If you want mail or bills sent to an address other than your home address, please put that address here:*

\_\_\_\_\_

*Home Phone:* \_\_\_\_\_ *Office Phone:* \_\_\_\_\_

*Cellular Phone:* \_\_\_\_\_ *Fax Number:* \_\_\_\_\_

*Primary Email Address:* \_\_\_\_\_ *Secondary Email Address:* \_\_\_\_\_

*Special instructions about sending emails, faxes, or leaving messages:* \_\_\_\_\_

\_\_\_\_\_

*In the event this office must reach you on short notice, give the name, relationship, address, and telephone number of the person most likely to know your whereabouts:*

\_\_\_\_\_

\_\_\_\_\_

*Date of Birth:* \_\_\_\_\_ 19\_\_\_\_ *Social Security Number:* \_\_\_\_\_

*Citizen of:* \_\_\_\_\_

2. **Spouse's Name:** \_\_\_\_\_

*Home Address (including zip code):* \_\_\_\_\_

\_\_\_\_\_

*Home Phone:* \_\_\_\_\_ *Office Phone:* \_\_\_\_\_ *Cellular Phone:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_ 19\_\_\_\_ *Social Security Number:* \_\_\_\_\_

*Citizen of:* \_\_\_\_\_

*Name of Attorney Representing Spouse:* \_\_\_\_\_

*All the information you supply will be held in strict confidence*

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3. Marriage you are here to discuss:

Date: \_\_\_\_\_ 19\_\_\_\_ Place: \_\_\_\_\_  
City County State

If separated, please give date: \_\_\_\_\_ Date of your Separation Agreement: \_\_\_\_\_

Date last had marital relations: \_\_\_\_\_ Date last slept together under same roof: \_\_\_\_\_

If divorced, please give date and location of divorce: \_\_\_\_\_

Do you have a Will: Yes  No  Health Care POA: Yes  No  Advance Medical Directive: Yes  No

4. Children:

Name	Date of Birth	Age	Where Living	Children of This Marriage		Children Outside of This Marriage, Parent is:	
				Yes	No	Husband	Wife

State the amount of support you or your spouse actually pay for child support: \$ \_\_\_\_\_

By whom is the support paid?  Husband  Wife

Are any children over the age of 18 living at home due to enrollment in any educational or special training program?  Yes  No

State which child(ren); training program involved in; when complete:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Is there, or has there been, litigation between you and your spouse?  Yes  No

In what court was action filed? \_\_\_\_\_

When was action filed? \_\_\_\_\_

What issues are in contest? \_\_\_\_\_

Case number? \_\_\_\_\_

All the information you supply will be held in strict confidence

## Gimmel, Weiman, Ersek, Blomberg & Lewis, P.A.

### 6. Husband's Employment:

Is Husband: Employed?  Self-Employed?

Name of Employer or Self-Owned Business \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Annual Salary or Annual Income From Business : \$ \_\_\_\_\_

Type of Business: \_\_\_\_\_

Employed Since or Date Business Began: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**If Un-employed:** When and where last employed? Salary earned?

\_\_\_\_\_

### 7. Wife's Employment:

Is Wife: Employed?  Self-Employed?

Name of Employer or Self-Owned Business \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Annual Salary or Annual Income From Business : \$ \_\_\_\_\_

Type of Business: \_\_\_\_\_

Employed Since or Date Business Began: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**If Un-employed:** When and where last employed? Salary earned? \_\_\_\_\_