

GRAY & GORENFLO, P.A.  
CLIENT INFORMATION SHEET

Today's Date: \_\_\_\_\_

Referred By: Please provide the full name and mailing address if possible so that we may send a thank you note to the attorney/person who referred you to our office. If you prefer that a thank you note not be sent please indicate same by checking this box.

\_\_\_\_\_ Attorney: \_\_\_\_\_

\_\_\_\_\_ Friend/Co-Worker: \_\_\_\_\_

\_\_\_\_\_ Former Client of Mr. Gray's or Mrs. Gorenflo: \_\_\_\_\_

\_\_\_\_\_ Yellow Pages: (Circle One: Sanford or Deltona)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ **Have you visited our web page?**

1. What type of matter do you need assistance with? \_\_\_\_\_

\_\_\_\_\_

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**If you are here regarding a matter that is already in progress, please provide the following information:**

2. Have you been served with any papers? \_\_\_\_\_ When? \_\_\_\_\_

3. Are any matters scheduled for hearing? \_\_\_\_\_ When? \_\_\_\_\_

What is issue to be heard? \_\_\_\_\_

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**Please provide the following information about yourself:**

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_ Pager No.: \_\_\_\_\_

**Copies of all documentation in your case will be provided to you via Email. This will require that you have Adobe software on your computer to open the attachments. If you do not have an Email address or you do not want this documentation provided to you by email please check here: \_\_\_\_\_**

Please provide your Email Address: \_\_\_\_\_

**If you do not want to receive mail by Email or at the above address, please indicate to what address your mail should be delivered: \_\_\_\_\_ City, \_\_\_\_\_, Zip \_\_\_\_\_**

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gross Income From Employment: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

Name of current attorney, if any: \_\_\_\_\_

**Please provide the following information about the opposing party:**

Full Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gross Income From Employment: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

Name of opposing party's current attorney: \_\_\_\_\_

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**If applicable, please provide the following information about your marriage:**

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Date You Became Florida Resident: \_\_\_\_\_

Did you enter into any Pre-Nuptial or Post-Nuptial Agreements: \_\_\_\_\_

**If you are here concerning a former spouse, please provide the following information:**

Date of Final Judgment dissolving your marriage: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Case No.: \_\_\_\_\_

Who was your attorney? \_\_\_\_\_

Who was your spouse's attorney? \_\_\_\_\_

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**If applicable, please provide the following information about all children born of or adopted during this marriage or relationship:**

<i>Full Name of Child(ren)</i>	<i>Birthdate</i>	<i>Age</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If applicable, please provide the following information about any real estate that you or your spouse own:**

Address of Principal Residence: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Amount of Down payment: \$ \_\_\_\_\_ Original Mortgage Amount: \$ \_\_\_\_\_

Source of Down Payment Funds: \_\_\_\_\_

Balance Owed: \$ \_\_\_\_\_ Current Value of Property: \$ \_\_\_\_\_

In whose name is property titled? \_\_\_\_\_

Who is living there now? \_\_\_\_\_

Do you and/or your spouse own any other real estate? \_\_\_\_\_

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**If applicable, please provide the following information about any interest in a business, partnership, sole proprietorship, or corporation:**

Name of Company: \_\_\_\_\_

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

Purchase/Start-Up Date: \_\_\_\_\_ Percentage of Interest: \_\_\_\_\_

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YOU MUST UNDERSTAND THAT YOUR VISIT HERE IS FOR CONSULTATION ONLY. THE ATTORNEY DOES CHARGE A CONSULTATION FEE OF \$300.00, TO BE PAID IN ADVANCE IN THE FORM OF CASH OR MONEY ORDER. THE ATTORNEY DOES NOT REPRESENT YOU AND WILL NOT REPRESENT YOU UNTIL A WRITTEN AUTHORIZATION OF REPRESENTATION AND ATTORNEY'S FEE AGREEMENT ARE SIGNED BY YOU AND THE RETAINER FEE IS PAID.

I HAVE READ THE FOREGOING AND COMPLETED ALL INFORMATION REQUESTED TO THE BEST OF MY ABILITY.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
YOUR SIGNATURE

RETAINER: \_\_\_\_\_

Consult Fee Paid \_\_\_\_\_