

GRAY & GORENFLO, P.A.
CLIENT INFORMATION SHEET – WITH CHILDREN

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: _____ Ms. Gorenflo: _____
____ Mr. Gorenflo: _____

____ Yellow Pages: (Circle One: Sanford or Deltona) Internet: _____
____ Have you visited our web page? _____ Other: _____

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

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? _____

Please provide the following information about yourself:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No. _____ Work No.: _____

Cell No.: _____ Pager No.: _____

All documentation filed/received in your case will be provided to you via Email. This will require that you have Adobe software installed on your computer to open the attachments.

Please provide your email address: _____

If you do not have an Email address or you do not want this documentation provided to you by email please check here: _____

If you are still residing at the same address with your spouse or if you do not want to receive your mail at the address noted above, please provide an alternate address for mailing purposes:

Street address: _____ City, _____, Zip _____

Date of Birth: _____ Social Security No.: _____

Occupation: _____ Gross Yearly Income From Employment: \$ _____

Name of Employer: _____ How Long: _____

Name of current attorney, if any: _____

Please provide the following information about the opposing party:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security No.: _____

Occupation: _____ Gross Yearly Income From Employment: \$ _____

Employer: _____ How Long: _____

Name of opposing party's current attorney: _____

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? _____

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

Full Name of Child(ren)

Birthdate

Age

Please check yes or no to the following questions:

Do you or the other parent reside or plan to reside more than 50 miles apart? _____ no _____ yes

Has the other parent acted as though violent behavior against you or your child/ren is alright? _____ no
_____ yes

Has the other parent damaged or destroyed property during an argument? _____ no _____ yes

Has the other parent hurt a pet out of anger? _____ no _____ yes

Has the other parent been so sad or upset that they could not care for themselves or others? _____ no
_____ yes

Has the other parent pushed, slapped, kicked, punched or hit you or the child/ren? _____ no _____ yes

Has the other parent regularly abused and currently abuses alcohol or drugs? _____ no _____ yes

Has the other parent used weapons to threaten or hurt people? _____ no _____ yes

Has the other parent seriously threatened never to return the child/ren? _____ no _____ yes

Has the other parent sexually abused anyone by force, threat of force or intimidation? _____ no _____ yes

Has the other parent been served with a protection or no contact order? _____ no _____ yes

Has the other parent been arrested for harming or threatening to harm you or anyone else? _____ no
_____ yes

Has the other parent engaged in other abusive or threatening behavior? _____ no _____ yes

I only communicate with my child/ren's other parent by: _____ email; _____ certified U.S. Mail; _____ a
third party; _____ our children (do not answer if this is caused solely by living far apart).

I do not believe my child/ren's other parent is a good parent. _____ no _____ yes

I do not trust my child/ren's other parent to consistently use good judgment and make good decisions
regarding our child/ren. _____ no _____ yes

I keep written and/or recorded records of all contact between myself and my child/ren's other parent.
_____ no _____ yes

I feel it is okay to make all major decisions about my child/ren without consulting the other parent, because I have our child/ren's best interest at heart. _____ no _____ yes

My child/ren's other parent and I can only exchange our child/ren: _____ in a public setting; _____ with an adult third party present; _____ with the police present; _____ and/or by maintaining a safe physical distance.

Because of my child/ren's other parent's actions, I have serious concerns regarding our child/ren's _____ emotional and psychological functioning; _____ peer or social relations; _____ mother/child/ren relationship; _____ father/child/ren relationship; _____ school performance; _____ behavior; and/or _____ physical health:

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? _____

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: _____

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 _____