

**MEYER
CAPEL**

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Confidential

FAMILY LAW INTAKE QUESTIONNAIRE

BLOOMINGTON

201 E. Grove Street, Ste. 100, Bloomington, IL 61701

P 309-829-9486 **F** 309-827-8139

CHAMPAIGN

306 West Church Street, Champaign, Illinois 61820

P 217-352-1800 **F** 217-352-1083

For best results, please save this questionnaire to your computer and open the questionnaire separately in Adobe Reader before typing information.

PART 1: CLIENT INFORMATION

	CLIENT
Full Legal Name (First, Middle, Last)	
Former/Maiden Name(s)	
Address	
Telephone Number	
Is it okay to leave voicemails?	
Email Address	
Birthdate	
Preferred Pronoun(s)	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____

PART 2: INFORMATION ABOUT OTHER PARTY:

	OTHER PARTY
Full Legal Name (First, Middle, Last)	
Former/Maiden Name(s)	
Address	
Telephone Number	
Email Address	
Birthdate	
Preferred Pronoun(s)	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____

PART 3: INFORMATION ABOUT CHILDREN (IF ANY):

Full Name (First, Middle, Last)	Address	Date of Birth

PART 4: MARRIAGE INFORMATION (IF APPLICABLE):

Date, county and state of marriage: _____

Premarital agreement? Yes No

PART 5: TYPE OF MATTER:

- Child Support/Parental Responsibilities Modification
- Dissolution of Marriage with Children
- Dissolution of Marriage without Children
- Maintenance Modification
- Parentage
- Prenuptial Agreement
- Other Post Decree Family Law Issue
- Order of Protection/Stalking No Contact Order Related
- Relocation

PART 6: COURT INFORMATION (IF APPLICABLE):

Does the other party already have legal counsel? Yes No

If yes, provide the name of said legal counsel: _____

Has any Court proceeding been filed? Yes No

If yes, provide the name of the County and case number: _____

Has a hearing date been set? Yes No

If yes, provide the date and time: _____

PART 7: CONSULTATION INFORMATION:

Family Law Consultations are one hour in duration, and the fee schedule is as follows:

Attorney	Consultation Fee
Anna M. Benjamin	\$360.00
Jilmala D. Rogers	\$300.00
Samantha M. Walley	\$325.00
Stephanie A. Hall	\$325.00

Consultation fees must be paid in full prior to the consultation, or at the time you check in for your scheduled consultation.

PART 7: NOTES/INFORMATION (IF APPLICABLE):

FOR INTERNAL OFFICE USE ONLY:

DATE OF INITIAL CALL: _____

Conflict Check Completed: Conflict No Conflict

Attorney: _____ Accepted Not Accepted

I/C Scheduled: _____ LMS C/M #: _____ Email Confirmation Sent: _____

Consultation Fee Received: _____ Ltr Sent: _____ ALS Sent: _____ Retainer Received: _____