MEYER CAPEL

MEYERCAPEL.COM

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	
City, State, Zip Code	
Telephone Number	
Is it okay to leave voicemails?	
Email Address	
Birthdate	
Employer	
Preferred Pronoun(s)	☐ She/Her ☐ He/Him ☐ They/Them ☐ Other: _____

PART 2: INFORMATION ABOUT OTHER PARTY:

	OTHER PARTY
Full Legal Name (First, Middle, Last)	
Former/Maiden Name(s)	
Address	
City, State, Zip Code	
Telephone Number	
Email Address	
Birthdate	
Employer	
Preferred Pronoun(s)	☐ She/Her ☐ He/Him ☐ They/Them ☐ 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

Is 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)*:

PART 8: REFERRAL SOURCE:

☐ Google

☐ Facebook

☐ LinkedIn

☐ Other: _____

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: _____