



Blado | Kiger | Bolan, P.S.

· ATTORNEYS AT LAW ·

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FAMILY LAW INTAKE FORM

TODAY'S DATE: _____

1. CLIENT INFORMATION		
A. NAME	B. DOB	C. BIRTHPLACE
D. DRIVER'S LICENSE NUMBER	E. EDUCATION & TRAINING	
F. MAILING ADDRESS	G. BILLING ADDRESS (if different)	
<i>Street</i>	<i>Street</i>	
<i>City State Zip</i>	<i>City State Zip</i>	
H. HOME PHONE	I. WORK PHONE	J. CELL PHONE
L. SOCIAL SECURITY NUMBER	M. E-MAIL ADDRESS	
<i>Have you consulted another attorney regarding this matter?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, who?</i>		
<i>How did you learn of Blado Kiger Bolan, P.S.?</i>		
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Referred by: _____	
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Friend - Name: _____	
<input type="checkbox"/> Drove by	<input type="checkbox"/> Former client: _____	

PLEASE NOTE!

Payment for your consultation, if applicable, is due before you meet with the attorney. For your convenience, we accept cash, personal check, VISA, MasterCard and Discover. Consultations that exceed the allotted time will be billed for the extra time at the attorney's normal hourly rate. Thank you for choosing our firm.

2. SPOUSE/OPPOSING PARTY INFO:

A. NAME		B. DOB	C. BIRTHPLACE	
D. DRIVER'S LICENSE NUMBER		E. EDUCATION & TRAINING		
F. MAILING ADDRESS		G. ATTORNEY INFO (IF APPLICABLE)		
<i>Street</i>		<i>Name</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Street</i>	
			<i>City</i>	<i>State</i> <i>Zip</i>
H. HOME PHONE		I. WORK PHONE		J. CELL PHONE
L. SOCIAL SECURITY NUMBER				

3. MARRIAGE (IF APPLICABLE)

A. PLACE OF MARRIAGE		B. DATE OF MARRIAGE	
C. DATE OF SEPARATION		D. WIFE'S MAIDEN NAME	
RESTORED <input type="checkbox"/> YES <input type="checkbox"/> NO			

4. LITIGATION

<i>Has a domestic relations action been filed?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If so, please complete the following:</i>			
COURT NAME	CAUSE/CASE NO.	HEARING DATE (if any)	HEARING TIME (if any)

5. CHILDREN – OF THIS RELATIONSHIP (BORN OR ADOPTED):

A. NAME	DOB:
LIVING WITH:	SSN:
CURRENT AGE: _____	

CHILDREN CONT.

B. NAME	DOB:
	CURRENT AGE: _____
LIVING WITH:	SSN:
C. NAME	DOB:
	CURRENT AGE: _____
LIVING WITH:	SSN:
D. NAME	DOB:
	CURRENT AGE: _____
LIVING WITH:	SSN:
E. NAME	DOB:
	CURRENT AGE: _____
LIVING WITH:	SSN:
F. NAME	DOB:
	CURRENT AGE: _____
LIVING WITH:	SSN:
G. HEALTH PROBLEMS WITH CHILDREN <i>LIST:</i>	H. WIFE PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO

6. PRIOR MARRIAGES OF CLIENT

NAME OF FORMER SPOUSE		DATE OF DIVORCE	
CHILDREN BY PRIOR MARRIAGE			
NAME	AGE	SUPPORT PAID/REC'D AND AMOUNT	COUNTY, STATE

7. PRIOR MARRIAGES OF SPOUSE/PARTNER

NAME OF FORMER SPOUSE		DATE OF DIVORCE	
CHILDREN BY PRIOR MARRIAGE			
NAME	AGE	SUPPORT PAID/REC'D AND AMOUNT	COUNTY, STATE

8. CLIENT EMPLOYMENT

EMPLOYER	ADDRESS
	<i>Street</i>
	<i>City State Zip</i>
JOB TITLE	DATE OF HIRE
GROSS PAY (WEEK/BI-WEEKLY/BI-MONTHLY/MONTH)	NET PAY (WEEK/BI-WEEKLY/BI-MONTHLY/MONTH)
MEDICAL/DENTAL INSURANCE	WHO IS COVERED?
PENSION/RETIREMENT/PROFIT SHARING?	LIFE INSURANCE THROUGH EMPLOYER
UNEMPLOYED?	LAST WORKED:

9. SPOUSE/OPPOSING PARTY EMPLOYMENT

EMPLOYER		ADDRESS	
		<i>Street:</i>	
		<i>City:</i>	<i>State:</i> <i>Zip:</i>
JOB TITLE		DATE OF HIRE	
GROSS PAY (WEEK/BI-WEEKLY/BI-MONTHLY/MONTH)		NET PAY (WEEK/BI-WEEKLY/BI-MONTHLY/MONTH)	
MEDICAL/DENTAL INSURANCE		WHO IS COVERED?	
PENSION/RETIREMENT/PROFIT SHARING?		LIFE INSURANCE THROUGH EMPLOYER	
UNEMPLOYED?		LAST WORKED:	

10. MEDICAL PROBLEMS

CLIENT DISABILITY	SPOUSE DISABILITY

ATTORNEY'S NOTES:

OFFICE USE ONLY		
Conflict Check Completed	Completed by (Initials)	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No		