

ANDREWS LAW AND MEDIATION OFFICES

**Initial Consultation Form**

Please fill out completely and E-Mail or Fax to (310) 424-1403 prior to your appointment. Thank you.

PERSONAL FACTS

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

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

Telephone: Home \_\_ (     ) \_\_\_\_\_ Work \_\_ (     ) \_\_\_\_\_

Cell (     ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Fax (     ) \_\_\_\_\_

Preferred method to be contacted? \_\_\_\_\_

Current employer: \_\_\_\_\_

Name of other party: \_\_\_\_\_

PURPOSE OF CONSULTATION

Check all that apply:

Divorce

Domestic Violence

Paternity

Premarital Agreement

Child Support

Pre-Registration Agreement

Spousal Support

Post Registration Agreement

Spousal Support Modification

Domestic Partner Registration

Child Support Modification

Guardianship

Domestic Partner Dissolution

Grandparent Rights

Adoption

Other \_\_\_\_\_

Do you currently have an attorney? If so, what is his or her name? \_\_\_\_\_

Name of other party's attorney, if any: \_\_\_\_\_

If you have already filed a case in court, please identify the case number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_