

THE SAWYERS LAW GROUP
ATTORNEY AT LAW

Melissa A. Sawyers

Thank you for consulting this office with your legal matter. The following information would help us serve you most efficiently. Please print clearly.

Date: _____
Client Name: _____ Date of Birth: _____
Social Security Number _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: (____) _____ Home Phone: (____) _____
Email: _____
Emergency Contact Name/Number: _____
Prior Attorney (if any): _____
Date of Marriage: _____ Date of Separation: _____
Maiden Name: _____
Spouse/Ex-Spouse/Significant Other Name/ Other Parent: _____
Date of Birth: _____
Address: _____
Cell Phone: _____ Home Phone: _____
Social Security Number _____
Do you need a translator? Yes or No _____
Where is the other party employed? _____
What type of vehicle does the other party drive? _____
What is the best time to have the other party served? _____: _____ MORNING/EVENING
Name of Opposing Attorney: _____
Children: YES [] NO []
Name: _____ DOB: _____ Age: _____
Name: _____ DOB: _____ Age: _____
Name: _____ DOB: _____ Age: _____
Name: _____ DOB: _____ Age: _____
Where are the children residing? _____
What county do the children reside in? _____
Any domestic violence? YES/NO _____ Housing Situation: _____
Referred by: _____

Office Use Only:

Matter: _____
Retainer Fee: \$ _____ Filing Fee: \$ _____ + TAX
Hourly Fee: \$ _____ Remainder balance in payments