

**SANCHEZ & ASSOCIATES, P.A.**

REPLY TO:  
1006 N. Armenia Avenue, Tampa, Florida 33607  
PH: (813) 879-4600 Fax: (813) 879-4650

**INITIAL CLIENT QUESTIONNAIRE**

**Client:**

**Spouse/Opposing party:**

Full name: \_\_\_\_\_

Full name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Home address (including zip):  
\_\_\_\_\_  
\_\_\_\_\_

Home address (including zip):  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual income: \_\_\_\_\_

Annual income: \_\_\_\_\_

Attorney for Spouse/Opposing Party:  
\_\_\_\_\_  
\_\_\_\_\_

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

**MARRIAGE INFORMATION**

Marriage date: \_\_\_\_\_ Separation date: \_\_\_\_\_

Place of marriage (including county): \_\_\_\_\_

County where last lived together: \_\_\_\_\_

**MODIFICATION INFORMATION**

Date of Former Marriage: \_\_\_\_\_

Date of Separation from Former Marriage: \_\_\_\_\_

Final judgment date: \_\_\_\_\_

Location of Final Judgment(County/State): \_\_\_\_\_

**CHILDREN'S INFORMATION**

Full names:

Birthdate:

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**TYPE OF CASE AND ISSUES TO BE DISCUSSED DURING CONSULTATION**

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**WHO CAN WE THANK FOR REFERRING YOU TO OUR FIRM**

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*Please be advised that at the conclusion of your consultation you will be charged a fee based on the attorney's hourly rate and the time spent with you. Should you retain our services in your case at the time of the consultation the consultation fee will waived.*

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*Do not write below this line - Office use only*

*Date of Consultation:*

*Type of Case:*

*Non-Refundable Retainer:*

*Costs:*

*Hourly rate:*

*Billing Arrangements, if any:*

*Notes:*