

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

\_\_\_\_\_  
FIRST NAME MIDDLE MAIDEN LAST

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_ STATE \_\_\_\_\_

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

\_\_\_\_\_  
Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Fax # we may use: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Education: \_\_\_\_\_

No. of marriages: \_\_\_\_\_ How did previous marriage(s) end? \_\_\_\_\_

What address can we use to mail you papers? \_\_\_\_\_

**INFORMATION ON THE OPPOSING PARTY:**

\_\_\_\_\_  
FIRST NAME MIDDLE MAIDEN LAST

This person is your Spouse \_\_\_\_\_ Ex-Spouse \_\_\_\_\_ Other \_\_\_\_\_

Driver's License # \_\_\_\_\_ STATE \_\_\_\_\_ SS# \_\_\_\_\_

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

\_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Education: \_\_\_\_\_

No. of marriages: \_\_\_\_\_ How did previous marriage(s) end? \_\_\_\_\_

Opposing Party's Lawyer: \_\_\_\_\_

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I am requesting legal services from Gravitt & Gravitt, P.C. I agree to pay its customary fees for such services.

Payment is due at the time services are provided.

\_\_\_\_\_  
Signature Required

If Married, Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

If Divorced, Date of Decree: \_\_\_\_\_ (attach or bring a copy)

Date of Separation: \_\_\_\_\_ County last lived together: \_\_\_\_\_

Who left marital domicile? \_\_\_\_\_ How long have you lived in Virginia? \_\_\_\_\_

Do you and your spouse have a pre-nuptial agreement? \_\_\_\_\_ (attach or bring a copy)

Women only: In divorce decree do you want your name changed? \_\_\_\_ To what? \_\_\_\_\_

Do you or your spouse hold a license, certificate, registration or other authorization to engage in a profession, trade, business, or occupation issued by the Commonwealth of Virginia? **H W** Describe: \_\_\_\_\_

Either party active military service? List branch and rank: **H W** \_\_\_\_\_

Names of children of this marriage:	SSN:	Age & Date of Birth	Lives with whom?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children of previous marriage:

_____	_____	_____	_____
_____	_____	_____	_____

Child Support: Name(s) of child/children covered \_\_\_\_\_

Court ordered? \_\_\_\_\_ Court: \_\_\_\_\_ Date: \_\_\_\_\_

By Agreement? \_\_\_\_\_ Date of Agreement: \_\_\_\_\_

Amount paid: \_\_\_\_\_ To whom? \_\_\_\_\_

Amount received: \_\_\_\_\_ From whom? \_\_\_\_\_

Cost of Daycare: \_\_\_\_\_ per \_\_\_\_\_

Medical expenses owed: 100% \_\_\_\_\_ 50% \_\_\_\_\_ Other \_\_\_\_\_

**If property division is or may be in issue, complete the following:**

REAL ESTATE OWNED: House and lot: \_\_\_\_\_ House and \_\_\_\_\_ Acres  
 Address of property: \_\_\_\_\_

Deed: Both Names \_\_\_\_\_ Wife Only \_\_\_\_\_ Husband Only \_\_\_\_\_ Down payment  
 \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
 Mortgage Company: \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Second Mortgage: \_\_\_\_\_

OTHER REAL ESTATE: Farm Land \_\_\_\_\_ Rental Property \_\_\_\_\_ Other \_\_\_\_\_  
 Description: \_\_\_\_\_

Deed: Both Names \_\_\_\_\_ Wife Only \_\_\_\_\_ Husband Only \_\_\_\_\_  
 Estimated Value: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
 Mortgage Company: \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

(Use Back for Additional Real Property)

TANGIBLE PERSONAL PROPERTY:

	Description	Value	Creditor	Balance Owed	Payment
Husband's Auto:	_____	_____	_____	_____	_____
Wife's Auto:	_____	_____	_____	_____	_____
Other Vehicle:	_____	_____	_____	_____	_____
Boat:	_____	_____	_____	_____	_____
Farm Equipment:	_____	_____	_____	_____	_____

\_\_\_\_\_ Check here if you or your spouse own jewelry, art work, coin or stamp collections, guns or other property of value.

INTANGIBLE PERSONAL PROPERTY:

	<u>Institution/Location</u>	<u>Owner(s)</u>	<u>Value</u>
Cash on Hand:	_____	H W Both	_____
Checking Account:	_____	H W Both	_____
Savings Account:	_____	H W Both	_____
Certificates of Deposit:	_____	H W Both	_____
IRAs (Husband):	_____	H W Both	_____
IRAs (Wife):	_____	H W Both	_____
Stocks, Bonds, Mutual Funds:	_____	H W Both	_____
Savings Bonds:	_____	H W Both	_____
Husband's Pension:	_____	H W Both	_____
Husband's Profit-Sharing:	_____	H W Both	_____
Husband's Stock Plan:	_____	H W Both	_____
Wife's Pension:	_____	H W Both	_____
Wife's Profit-Sharing:	_____	H W Both	_____
Wife's Stock Plan:	_____	H W Both	_____
Life Insurance with Cash Value:	_____	H W Both	_____
Other:	_____	H W Both	_____

**MARITAL DEBTS:** (Charge Cards, Loans, Etc.)

<u>Creditor:</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>	<u>Debtor(s)</u>	<u>For What Acquired?</u>
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____

**If support is or may be in issue, complete the following:** (Bring tax returns, W-2 forms, and pay stubs, if available)

Husband/Father's gross annual income: \$ \_\_\_\_\_ /year

Pay period: Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ 2x month \_\_\_\_\_ Every 2 wks \_\_\_\_\_

Gross per pay period \$ \_\_\_\_\_ Net per pay period \$ \_\_\_\_\_

Wife/Mother's gross annual income: \$ \_\_\_\_\_ /year

Pay period: Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ 2x month \_\_\_\_\_ Every 2 wks \_\_\_\_\_

Gross per pay period \$ \_\_\_\_\_ Net per pay period \$ \_\_\_\_\_

**Medical Insurance:**

Company name & address \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Persons covered: \_\_\_\_\_

Amount paid for insurance: \$ \_\_\_\_\_ per \_\_\_\_\_ (pay period)

Cost of insurance per pay period for employee only: \_\_\_\_\_

Cost of insurance for children only: \_\_\_\_\_

Who pays for coverage? Mother \_\_\_\_\_ Father \_\_\_\_\_

Is insurance an employment benefit? \_\_\_\_\_

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OFFICE USE ONLY

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Conflict checked: Yes No Adverse Party: \_\_\_\_\_

Accepted as client: Yes No Referred To: \_\_\_\_\_

Fees: Fixed: \$\_\_\_\_\_ I.C. Fee: \$\_\_\_\_\_
Hourly: \$\_\_\_\_\_ Retainer Deposit: \$\_\_\_\_\_
Contingent: \_\_\_\_\_% Minimum monthly payments on balance: \$\_\_\_\_\_

Hold on billing: Yes Costs Only Fees Only No Interest

Matter Type: DOM PI CON WILL RE JUV ADOPT CR
SEP CUS SUP DIV PAT VIS OTHER \_\_\_\_\_

Send engagement letter: \_\_\_\_\_ Date: \_\_\_\_\_

Send engagement contract: \_\_\_\_\_ Date: \_\_\_\_\_

Send disengagement letter: \_\_\_\_\_ Date: \_\_\_\_\_

Fee/Retainer paid: \_\_\_\_\_ Date: \_\_\_\_\_

When Retainer paid \_\_\_\_\_ Immediately \_\_\_\_\_

Prepare Documents: PSA B/C N/D DEED WILL Other \_\_\_\_\_ For: A C S M V K Lu

Obtain Documents: Ct. Records Medical Records School Records
Other: \_\_\_\_\_ For: A C S M V K Lu

Give documents to client: Budget \_\_\_\_\_ Contract \_\_\_\_\_ Card \_\_\_\_\_ For: A C S M V K Lu

Client to provide documents:
Names/Addresses: Opposing party Witnesses Other
Budget: \_\_\_\_\_

Documents: \_\_\_\_\_

Open file Advice Only Close

Alan Carol Sterling Melissa File No.: \_\_\_\_\_
Vicki Kathy Vicki Luann
Luann Vicki Kathy