



RONALD W. NELSON, PA

11900 W. 87TH ST. PKWY., SUITE 117
SHAWNEE MISSION, KS 66215

TEL: 913.312.2500
FAX: 913.312.2501

FOR OFFICE USE: FILE NO. _____ DATE OF INITIAL MEETING _____

I AM A POTENTIAL CLIENT AND ACKNOWLEDGE THAT NO ATTORNEY-CLIENT RELATIONSHIP NOW EXISTS BETWEEN RONALD W NELSON, PA AND ME. I ACKNOWLEDGE THAT NO ATTORNEY-CLIENT RELATIONSHIP EXISTS UNTIL I (1) MAKE FULL-PAYMENT OF ANY REQUIRED FEE OR RETAINER TO RONALD W NELSON, PA AND (2) SIGN AN ATTORNEY-CLIENT AGREEMENT WITH RONALD W NELSON, PA. I ALSO ACKNOWLEDGE THAT A ONE-TIME APPOINTMENT DOES NOT MEAN THAT RONALD W NELSON, PA IS RETAINED FOR ONGOING ISSUES:

Potential Client Signature

CLIENT INFORMATION

Name: _____ Birth date: _____ SSN: _____

Current address: _____

How long at this address? _____

If less than 6 months at current address, list previous address(es):

Main phone no.: _____ (circle one) CELL HOME WORK OTHER (circle one) Secure line? YES NO

Alternate phone: _____ (circle one) CELL HOME WORK OTHER (circle one) Secure line? YES NO

E-Mail: _____ Do you use any Social Networking Site? YES NO

Social Network Sites Used: _____

Current employer: _____ Current position: _____

Employer address: _____

Emergency contact name: _____ Relationship: _____

Phone no.: _____ (circle one) Secure line? YES NO

Case no.: _____ County, state: _____

How were you referred to our office? _____

OTHER PARTY INFORMATION

Name: _____ Birth date: _____ SSN: _____

Current address: _____

How long at this address? _____

If less than 6 months at current address, list previous address:

Represented by (Attorney): _____ Current employer: _____

Current position: _____ Employer address: _____

RELATIONSHIP INFORMATION

Marriage: YES NO Marriage Date: _____ Marriage Place: _____

Date First Lived Together: _____ Separation Date: _____

Marriage Number: Male Partner _____ Date Last Ended: _____ Children? _____

Marriage Number: Female Partner _____ Date Last Ended: _____ Children? _____

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CHILD INFORMATION

Have you and your spouse/partner discussed which parent will be primarily responsible for the child/ren following divorce/separation? *(circle one)* **Yes No**

Current parenting time schedule: _____

Preferred parenting time schedule: _____

Do your children require work-related child-care? *(circle one)* **Yes No** If yes, monthly cost: _____

Who is responsible for health insurance coverage of children? _____

Premium Amount: FAMILY: _____ CHILDREN ONLY: _____

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1st Child's Name: _____ **SSN:** _____

Birth date & age: _____ Is this a child of this marriage? *(circle one)* **Yes No**

Where is the child living now? _____

Describe child's special needs, if any: _____

2nd Child's Name: _____ **SSN:** _____

Birth date & age: _____ Is this a child of this marriage? *(circle one)* **Yes No**

Where is the child living now? _____

Describe child's special needs, if any: _____

3rd Child's Name: _____ **SSN:** _____

Birth date & age: _____ Is this a child of this marriage? *(circle one)* **Yes No**

Where is the child living now? _____

Describe child's special needs, if any: _____

Additional children? *(circle one)* **Yes No** PLEASE CONTINUE WITH ADDITIONAL CHILDREN ON THE BACK OF THIS SHEET.

Who claims child/ren as dependents on tax return: FATHER _____ MOTHER _____

Who itemizes deductions on tax return? FATHER _____ MOTHER _____

Filing status: *(circle one)* **JOINT MARRIED-FILING-SEPARATELY HEAD-OF-HOUSEHOLD SINGLE**

WHAT ARE THE SPECIFIC ISSUES YOU WANT TO ADDRESS ON APPEAL?

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