

LAW OFFICES
RONALD W. NELSON, PA
~ A FAMILY LAW PRACTICE ~
SUITE 105
7501 COLLEGE BOULEVARD
OVERLAND PARK, KANSAS 66210-2776

For Office Use: File No. _____ **Date of Initial Meeting** _____

LIMITED-SCOPE REPRESENTATION INITIAL CONSULTATION

This agreement is made this ___ day of _____, 20___, between _____ and the Law Offices of Ronald W. Nelson, P.A., "Attorneys" for a one-time consultation. I understand that Ronald W. Nelson, P.A. is providing this one-time consultation for the purpose of evaluating the following identified issues and providing legal advice for these issues. I understand that unless I execute the following

- (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.

Attorneys do not represent me in a continuing manner and that upon completion of this meeting, Attorneys do not have any continuing responsibilities as my representative. Unless I enter into a separate Attorney-Client Agreement, Ronald W. Nelson, P.A. does not represent me in any court actions and will not respond to any contacts made by persons adverse to me.

Potential Client Signature

PARENT INFORMATION

Name: _____ Birth date: _____ SSN: _____

Current address: _____

What is the date you moved into your current address? _____

If less than 6 months at your current address, please list previous address(es) for the past 6 months:

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

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

E-Mail: _____

Current employer: _____ Current position: _____

Employer address: _____

Emergency contact name: _____ Relationship: _____

Emergency contact's Phone no.: _____ (circle one) **CELL HOME WORK OTHER** Secure line? **YES NO**

RELATIONSHIP INFORMATION

Name of Current Partner (if applicable): _____

Currently Married?: **YES NO** Marriage Date: _____ Currently Living Together? **YES NO**

Separation Date (if applicable): _____

Previous Marriages:

Name of former Spouse: _____ Date of Marriage _____

Date of Divorce _____ Number of Children? _____ County/State of Divorce: _____

Name of former Spouse: _____ Date of Marriage _____

Date of Divorce _____ Number of Children? _____ County/State of Divorce: _____

CHILDREN'S INFORMATION

Do you or your children have any American Indian Heritage? **YES NO**

Possible Tribes: _____

Names of possible child care providers and relationship to the child(ren): _____

1st Child's Name: _____ SSN: _____

Other Parent's Name: _____

Birth date & age: _____ Is this a child of this relationship? **YES NO**

Where is the child living now? _____

Describe child's special needs, if any: _____

2nd Child's Name: _____ SSN: _____

Other Parent's Name: _____

Birth date & age: _____ Is this a child of this relationship? **YES NO**

Where is the child living now? _____

Describe child's special needs, if any: _____

3rd Child's Name: _____ SSN: _____

Other Parent's Name: _____

Birth date & age: _____ Is this a child of this relationship? **YES NO**

Where is the child living now? _____

Describe child's special needs, if any: _____

Additional children?) YES NO PLEASE CONTINUE WITH ADDITIONAL CHILDREN AT THE END OF THIS FORM.

Are there any existing court orders regarding your children in any state or county, including child support, parentage actions, child custody, etc? YES NO

List type of orders, which county and state they exist, and case number if available: _____

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WHAT WOULD YOU LIKE TO ACCOMPLISH WITH YOUR INTIAL VISIT?

Additional Children *(use back of sheet if needed)*: