



**RONALD W. NELSON, PA**

7501 COLLEGE BOULEVARD, SUITE 105  
OVERLAND PARK, KS 66215

TEL: 913.312.2500  
FAX: 913.312.2501

**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

**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

Highest level of education: (circle one) LESS-THAN-HS HS-GRADUATE ASSOCIATE BACHELOR GRADUATE DOCTORATE

Pursuing further education? (circle one) YES NO If yes, describe: \_\_\_\_\_

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: \_\_\_\_\_

Highest level of education: (circle one) LESS-THAN-HS HS-GRADUATE ASSOCIATE BACHELOR GRADUATE DOCTORATE

Pursuing further education? (circle one) YES NO If yes, describe: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Does s/he use any Social Networking Site? YES NO

Social Network Sites Used: \_\_\_\_\_

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**RELATIONSHIP INFORMATION**

Marriage: **YES NO** Marriage Date: \_\_\_\_\_ Marriage Place (County/State): \_\_\_\_\_

Date First Lived Together: \_\_\_\_\_ Separation Date: \_\_\_\_\_ Date of Divorce (if applicable): \_\_\_\_\_

Your Previous Marriage: Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_ Number of Children? \_\_\_\_\_  
County/State of Divorce: \_\_\_\_\_

Your Previous Marriage: Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_ Number of Children? \_\_\_\_\_  
County/State of Divorce: \_\_\_\_\_

Your Previous Marriage: Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_ Number of Children? \_\_\_\_\_  
County/State of Divorce: \_\_\_\_\_

Your Spouse/Partner's Previous Marriage: Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_  
Number of Children? \_\_\_\_\_ County/State of Divorce: \_\_\_\_\_

Your Spouse/Partner's Previous Marriage: Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_  
Number of Children? \_\_\_\_\_ County/State of Divorce: \_\_\_\_\_

Your Spouse/Partner's Previous Marriage: Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_  
Number of Children? \_\_\_\_\_ County/State of Divorce: \_\_\_\_\_

**COUNSELING**

Have you or your spouse received counseling or otherwise consulted with a counselor, psychologist, social worker, or psychiatrist? (circle one) **YES NO** If yes, who was treated? \_\_\_\_\_

What type of treatment? \_\_\_\_\_ Date(s) of treatment: \_\_\_\_\_

Name of counselor: \_\_\_\_\_ Permission to contact? (circle one) **YES NO**

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

**FERTILITY HISTORY AND INFORMATION**

Do you or your spouse have any stored genetic material? (circle one) **YES NO**

If so, state what type of genetic material is stored and whose it is: \_\_\_\_\_

Name and address of storage facility: \_\_\_\_\_

What is your intended use or other disposition of all stored genetic material at this time?  
\_\_\_\_\_

Are any of your children born as the result of fertility treatments **and** not genetically related to both you and your spouse? (circle one) **YES NO** If yes, their names: \_\_\_\_\_

Name and address of fertility clinic from which you obtained the third-party genetic material:  
\_\_\_\_\_

Did you execute any documents in connection with the contribution? (circle one) **YES NO**

Have you completed any legal proceedings to establish the parentage of the children resulting from your fertility treatments? (circle one) **YES NO**

