

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

**CLIENT 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): \_\_\_\_\_

Client's Relationship to child:

\_\_\_\_\_

### CHILDREN'S INFORMATION

**1<sup>st</sup> Child's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Birth date & age: \_\_\_\_\_

Where is the child living now? \_\_\_\_\_

Describe child's special needs, if any: \_\_\_\_\_

**2<sup>nd</sup> Child's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Birth date & age: \_\_\_\_\_

Where is the child living now? \_\_\_\_\_

Describe child's special needs, if any: \_\_\_\_\_

**3<sup>rd</sup> Child's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Birth date & age: \_\_\_\_\_

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 the child(ren) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WHAT WOULD YOU LIKE TO ACCOMPLISH WITH YOUR INTIAL VISIT?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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[illegible]