



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 _____

LIMITED-SCOPE REPRESENTATION INITIAL CONSULTATION: This agreement is made this on _____, 20____, between _____ and the Law Offices of RONALD W. NELSON, PA, "Attorneys" for a one-time, initial consultation. I understand that Ronald W. Nelson, PA is providing this one-time consultation for the purpose of evaluating the following identified issues and providing legal advice about that situation. I understand that 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, that Ronald W. Nelson, PA does not represent me in any court actions and that, unless I enter into a separate ATTORNEY-CLIENT fee agreement, Ronald W. Nelson, PA will not respond to any contacts made by persons adverse to CLIENT.

Potential Client Signature _____ Date _____

YOUR 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: _____ Do you use any Social Networking Site? **YES NO**

Social Network Sites Used (circle): Facebook Twitter LinkedIn Instagram Vimeo Vine MySpace Other: _____

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**

Your 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: _____

Social Network Sites Used (circle): None Facebook Twitter LinkedIn Instagram Vimeo Vine MySpace Other: _____

Current position: _____ Employer address: _____

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RELATIONSHIP INFORMATION

Currently Married: **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: _____

SPOUSE/PARTNER INFORMATION

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 consulted with a counselor, psychologist, social worker, or psychiatrist (together or separately)? **YES NO** If yes, who was treated? _____

Type of treatment/purpose? _____ Date(s) of treatment: _____

Name of counselor: _____ Permission to contact? **YES NO**

Phone: _____ Address: _____

CHILDREN'S INFORMATION

Have you and your spouse/partner discussed the living arrangements for the child/ren following divorce (or separation)? **YES NO** Outcome of discussion: _____

Current parenting time schedule: _____

Preferred parenting time schedule: _____

Do your children require work-related child-care? **YES NO** If yes, monthly cost: _____

Who provides health insurance coverage of the child/ren? _____

Premium Amount: FAMILY: _____ CHILD/REN ONLY: _____ CARRIER ONLY: _____

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

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

Where is the child living now? _____

If less than 6 months at your current address, please list previous address(es) for the past 12 months:

Describe child's special needs/diagnoses/conditions, if any: _____

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

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

Where is the child living now? _____

If less than 6 months at your current address, please list previous address(es) for the past 12 months:

Describe child's special needs/diagnoses/conditions, if any: _____

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

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

Where is the child living now? _____

If less than 6 months at your current address, please list previous address(es) for the past 12 months:

Describe child's special needs/diagnoses/conditions, if any: _____

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

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

Who carries insurance on child/ren? FATHER _____ MOTHER _____

Who itemizes deductions on the tax return? FATHER _____ MOTHER _____

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

FERTILITY HISTORY AND INFORMATION

Do you or your spouse have any stored genetic material? **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? **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? **YES NO**

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

