**SOMERS TAMBLYN ISENHOUR BLECK PLLC**

**(206) 232-4050**

**Information Needed for Family Law Cases – to the Extent it is Obtainable; Full Information is Not Required to Begin**

**\*\*Note: Please do not submit this information to our offices until a conflict check has been performed and a consultation appointment made.**

PRELIMINARY INFORMATION NEEDED TO COMPLETE A CONFLICT CHECK

Your Full Name:

Your Nickname:

Your Pre-Marriage or Pre-Relationship Name, if any:

Other Party’s Full Name:

Other Party’s Nick Name:

Other Party’s Pre-Marriage or Pre-Relationship Name, if any:

Do either of you own more than 5% of any business? \_\_\_\_\_ Yes. \_\_\_\_\_No.

If yes, the names of all businesses:

BASIC INFORMATION ABOUT YOUR NEEDS

Type of Family Law Need(s) Being Considered:

Are you or any child or any vulnerable adult in physical danger? \_\_\_\_\_ Yes. \_\_\_\_\_No.

If yes, please describe:

Are you or any child or any vulnerable adult in emotional danger? \_\_\_\_\_ Yes. \_\_\_\_\_No.

If yes, please describe:

Are there any emergencies that must be addressed quickly? \_\_\_\_\_ Yes. \_\_\_\_\_No.

If yes, please describe:

**BACKGROUND INFORMATION**

IF APPLICABLE:

Date began living together:

Any joint bank accounts or jointly owned property during time lived together unmarried? \_\_\_\_\_ Yes. \_\_\_\_\_No.

A general description of any jointly owned property:

Date Domestic Partnership was registered:

Proposed marriage date (if any):

Date of marriage:

Where married (City and State or City and Country):

Date of separation:

Is there any child(ren) involved? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Is parentage of the child(ren) established?

Where does the child(ren) live most of the time?

**YOUR INFORMATION**

YOUR CONTACT INFORMATION

Email(s):

IS IT SAFE TO EMAIL YOU? \_\_\_\_\_ Yes. \_\_\_\_\_No.

If yes, which email addresses are safe?

Day #:

Evening #:

Cell #:

IS IT SAFE TO CALL YOU? \_\_\_\_\_ Yes. \_\_\_\_\_No.

If yes, which phones are safe?

Your full residential address:

How long have you lived in this town/city?

How long have you lived in the state?

Your full mailing address (if different):

Do you currently live with the other party? \_\_\_\_\_ Yes. \_\_\_\_\_No.

YOUR EMPLOYMENT

Employer:

Employer’s phone #:

Your phone # at work, if different:

IS IT APPROPRIATE / SAFE TO CALL YOU AT YOUR PLACE OF EMPLOYMENT? \_\_\_\_\_ Yes. \_\_\_\_\_No.

If yes, at which number(s):

Employer’s full address:

YOUR BACKGROUND AND SPECIFIC IDENTIFICATION INFORMATION

Your place of birth (City, County and State or City and Country):

Your Birthdate:

Your Social Security #:

Your Driver’s License State and #:

**OTHER PARTY’S INFORMATION**

OTHER PARTY’S CONTACT INFORMATION

Email(s):

Day #:

Evening #:

Cell #:

IS THE OTHR PARTY REPRESENTED BY A LAWYER? \_\_\_\_\_ Yes. \_\_\_\_\_No.

If yes, please give the lawyer’s name and telephone number:

Other party’s full residential address:

How long has the other party lived in this town/city?

How long has the other party lived in the state?

Other party’s full mailing address (if different):

OTHER PARTY’S EMPLOYMENT

Employer:

Employer’s phone #:

Other party’s phone # at work, if different:

Employer’s full address:

OTHER PARTY’S BACKGROUND AND SPECIFIC IDENTIFICATION INFORMATION

Place of other party’s birth (City, County and State or City and Country):

Birthdate:

Social Security #:

Driver’s License State and #:

 **CHILDREN FROM CURRENT AND PRIOR RELATIONSHIPS**

Oldest Child:

Full Name:

Age:

Birthdate:

Soc. Sec. #:

Resides with:

Are you a parent by birth or adoption? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Is the other party a parent by birth or adoption? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Is this child dependent on you or the other party for support (i.e. a minor, in post-secondary education or an adult not capable of self-support)? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Second Child:

Full Name:

Age:

Birthdate:

Soc. Sec. #:

Resides with:

Are you a parent by birth or adoption? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Is the other party a parent by birth or adoption? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Is this child dependent on you or the other party for support (i.e. a minor, in post-secondary education or an adult not capable of self-support)? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Third Child:

Full Name:

Age:

Birthdate:

Soc. Sec. #:

Resides with:

Are you a parent by birth or adoption? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Is the other party a parent by birth or adoption? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Is this child dependent on you or the other party for support (i.e. a minor, in post-secondary education or an adult not capable of self-support)? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Fourth Child:

Full Name:

Age:

Birthdate:

Soc. Sec. #:

Resides with:

Are you a parent by birth or adoption? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Is the other party a parent by birth or adoption? \_\_\_\_\_ Yes. \_\_\_\_\_No.

Is this child dependent on you or the other party for support (i.e. a minor, in post-secondary education or an adult not capable of self-support)? \_\_\_\_\_ Yes. \_\_\_\_\_No.