



KALISH LAW OFFICE

Bob Kalish ■ Laura Kalish ■ Siomara "Sio" Ramirez-Pitre

DATE: _____

How did you hear about us?

Ad Website Woodlands Online HG.org Referral: _____ Other: _____

Type of Case:

Domestic – *Divorce, Custody, Child Support* Civil – *Estate Planning, Probate, Adoption* Business Other: _____

Client Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/ Unit #

City State County ZIP Code

Primary Phone: _____ Alternate Phone: _____

E-mail Address: _____ Alternate E-mail: _____

SSN: _____ Date of Birth: _____ DL#: _____ State _____

Employer's Name: _____

Employer's Address: _____

Work Phone: _____

IF THIS IS A POTENTIAL DIVORCE, please state *date of marriage and place of marriage and date of separation*:

For each minor child, please state name, birth date, birth place and last 4 digits of SSN #

Spouse Information

Spouse's Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/ Unit #

City State County ZIP Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

SSN: _____ Date of Birth: _____ DL#: _____ State _____

Spouse's Employer: _____

Employer Address: _____

Expense and Fee Agreement: The consultation fee of \$95 does not include any other services. Estimated retainer, fees, and/or cost given during consultation do not include appeals, collection efforts after judgment, motions for new trial, second attempt for service, or jury fee. All expenses or cost must be paid in advance and all fees must be paid in full prior to final court date.

I have read and agreed to the consultation agreement. I am aware that I have a paid a \$95 Non-Refundable Fee and any additional fees and cost will be outlined in a contract. I further understand that a copy of the firm's privacy policy is available upon my request.

Client signature

Date