

FOR OFFICE USE ONLY

Date: _____
Retainer: _____
Hourly Rate: _____
Conflict Check: _____
Matter Description: _____

KEHOE LAW, LLC

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Phone: (503) 388-6065, Fax: (503) 926-9399, Web: www.familylawportland.com

CLIENT INFORMATION SHEET

PLEASE PRINT CLEARLY

Client's Name (First, Middle, Last): _____
Home Address: _____ City/State: _____ Zip: _____
Length of time at current address: _____ Can we leave detailed phone & email messages? (circle one): YES NO
E-mail: _____ Telephone (Main): _____ Work: _____
Maiden Name: _____ Former Legal Names: _____
Birthplace: _____ DOB: _____ Driver's License No. & State: _____ SS No. _____
Race: _____ Education (Highest grade completed): _____ Occupation: _____
Employer Name, Address & Telephone: _____
Hourly Earnings: _____ Hours Per Week: _____ Monthly Gross Earnings: _____ Monthly Net Earnings: _____
Other Sources of Income: _____
Marriage Date: _____ Place of Marriage(city/county/state): _____
Separation Date: _____ Prior Marriage(s)Dissolved(mm/dd/yyyy): _____
Emergency Contact: Name: _____ Relationship: _____ Telephone: _____
How did you find us?: Online: _____ Other Attorney: _____ Friend: _____ Other: _____

SPOUSE/ADVERSE PARTY:

Opposing Party's Name (First, Middle, Last): _____
Home Address: _____ City/State: _____ Zip: _____
E-mail: _____ Telephone (Main): _____ Work: _____
Maiden Name: _____ Former Legal Names: _____
Birthplace: _____ DOB: _____ Driver's License No. & State: _____ SS No. _____
Race: _____ Education (Highest grade completed): _____ Occupation: _____
Employer Name, Address & Telephone: _____
Hourly Earnings: _____ Hours Per Week: _____ Monthly Gross Earnings: _____ Monthly Net: Earnings: _____
Other Sources of Income: _____
Marriage Date: _____ Place of Marriage (City/County/State): _____
Separation Date: _____ Prior Marriage(s)Dissolved(mm/dd/yyyy): _____

CHILDREN

This Marriage:

Name: _____ DOB: _____ AGE: _____
Name: _____ DOB: _____ AGE: _____
Who has custody: _____ Support paid: _____ Amount: _____

Non-Joint Children:

Name: _____ DOB: _____ AGE: _____
Who has custody: _____
Support paid: _____ Amount: _____

Have children lived in Oregon at least 6 months? (circle one) YES NO

If No, what State: _____

REAL PROPERTY

Property Address: _____ Property Type: _____
City/State: _____ Zip: _____ County: _____
Purchase Date: _____ Purchase Price: _____ Monthly Payment: _____ Balance Owing: _____ Present Value: _____

PERSONAL PROPERTY

VEHICLES (including cars, trucks, boats, trailers, recreational)

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Lic. No. & State</u>	<u>Used By</u>	<u>Value and how value obtained</u>
_____	_____	_____	_____	_____	\$ _____

BANK ACCOUNTS

Bank: _____ Acct. Type: _____ Acct. No. _____

PENSION, PROFIT SHARING, STOCK PURCHASE & OTHER RETIREMENT PLANS

Husband: _____

Wife: _____

INSURANCE POLICIES

Policy Name: _____ Policy Type _____ Face Amount: _____ Beneficiary: _____

DEBTS

<u>Creditor</u>	<u>Amount</u>	<u>Debtor</u>
_____	_____	_____

Thank you for meeting with one of our attorneys regarding your case. We hope our law firm will be able to assist you in the future. AT THIS TIME WE DO NOT REPRESENT YOU ON THIS OR ANY OTHER MATTER.

If you wish to retain us, the attorney who met with you discussed a retainer amount, which would be required to begin work on your case. When and if you wish to hire us, you must schedule an appointment to sign a retainer agreement. You should be aware that time limits may be applicable to your case. We have not investigated these time limits and you should consult with an attorney regarding these matters.

Once again, thank you for coming into this office. We hope that you decide to retain our law firm and look forward to working with you.

Kehoe Law, LLC

I have read and understand this letter.

_____ Date

_____ Signature