



LARRICK LAW OFFICE

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FOR DISSOLUTION/SEPARATION MATTERS

Client # _____

<u>CLIENT:</u>			
Last Name:	First:	Middle:	
Maiden Name (If Applicable)			
Street Address:			
City:	County:	State:	Zip:
Inside City Limits? Yes ___ No ___		Rent or Own:	
Home Phone Number: ()	Unlisted? Yes ___ No ___		Cell Phone Number: ()
Home Fax Number: ()			
MAY WE SEND MAIL OR CONTACT YOU AT YOUR HOME? Yes ___ No ___			
Home e-mail address:	May we e-mail you at home? Yes ___ No ___		
Date of Birth:	Birthplace:		
Social Security Number:			
Your Occupation:			
Your Employer:			
How Long With Current Employer?		Work Hours:	
Work Phone Number: ()	Work Fax Number: ()	Work Email:	
MAY WE EMAIL YOU AT WORK? Yes ___ No ___			
<u>NATURE OF LEGAL MATTER:</u> (Please briefly describe the nature of the legal advice sought):			

PAYMENT FOR SERVICES RENDERED: Payment for services rendered is due and payable at the time of the consultation. The first ONE HALF (1/2) hour of an initial consultation is free of charge for NEW CLIENTS. Any time over one half (1/2) hour is billed at the rate of \$150 per hour.

Date: _____ Signature: _____

TURN OVER PAGE

<u>PRESENT SPOUSE:</u>			
Last Name:	First:	Middle:	
Maiden Name (If Applicable)			
Street Address:			
City:	County:	State:	Zip:
Inside City Limits? Yes ___ No ___			
Date of Birth:		Birthplace:	
Social Security Number:			
Is Your Spouse Presently Represented By An Attorney: Yes ___ No ___ If yes, state name:			
<u>VITAL STATISTICS:</u>			
Place of Marriage:	City:	County:	State:
Date of Marriage:			
Number of Children Born Alive of this Marriage: (Specify)			
Children's Names and birth dates:			
Other dependent children? Names, birth dates and which parent is natural parent?			
<u>SEPARATION:</u>			
Are you and your spouse separated? Yes _____ No _____ If yes, date of separation:			
<u>REFERENCE/CONTACT:</u> Please provide the name of a friend or relative not living with you whom we can contact if we cannot reach you:			
Name:		Relationship:	
Address:		Phone:	
REFERRED TO THIS OFFICE BY: [] INTERNET [] RADIO [] YELLOW PAGES [] FRIEND OR ATTORNEY (Please let us know their name so we can thank them!)			

Thank you! Please return this form to my Legal Assistant and provide your picture ID for verification purposes.