

WILLIAM C. POOLE, LLC

Case Initiation Form

PLEASE COMPLETE THE FOLLOWING - PLEASE PRINT NEATLY

PERSONAL INFORMATION:

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL/PAGER: _____ E-MAIL: _____

AGE: _____ DOB: _____ SSN: _____ DL# _____

MARITAL STATUS: _____ CONTACT PERSON: _____ (Relationship)

PRESENT EMPLOYER INFORMATION:

PRESENT EMPLOYER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REASON FOR VISIT: (PLEASE CHECK ONE OF THE FOLLOWING OR FILL IN "OTHER")

- WORKER'S COMPENSATION AUTO ACCIDENT CRIMINAL CASE BANKRUPTCY
- DIVORCE CUSTODY IMMIGRATION/CITIZENSHIP/VISA CHILD SUPPORT
- CREDIT REPORT PROPULSID FEN-PHEN VIOXX METABOLIFE
- BEXTRA CELEBREX OTHER (PLEASE DESCRIBE: _____)
- HAVE YOU DISCUSSED THIS MATTER WITH ANOTHER ATTORNEY? (Y/N) IF YES, WHO? _____

HOW DID YOU LEARN ABOUT OUR FIRM?

- BY A REFERRAL: NAME: _____
- TELEPHONE BOOK: BELLSOUTH YELLOW PAGES OR YELLOW BOOK
- INTERNET: _____
- OTHER (PLEASE DESCRIBE): _____
- BEEN A CLIENT BEFORE.

THANK YOU SO MUCH FOR VISITING WILLIAM C. POOLE, LLC

You or someone you know may have questions about a legal matter different from the one that brought you here. We want you to feel free to bring up any legal matter that may be of concern to you or someone you know as a part of your free consultation. Please look over this list and check any legal matter that may apply:

- An on the Job Injury The death of a loved one Medical Malpractice Adoption
- A car accident Social Security benefits A DUI or traffic ticket Custody
- A criminal case A Will or Power of Attorney Divorce/Child Support Metabolife
- Propulsid Credit Report Vioxx Bextra
- Metabolife Immigration/Citizenship/VISA

IMPORTANT INFORMATION:

1. We will not act as your attorney on any matter unless you have received a written fee agreement letter or a written contingency fee agreement. _____ Sign
2. All claims for damages for the violation of legal rights expire unless formal action is taken within the time period called the Statute of Limitations. The formal action that must be taken and the time period vary with the type of case and the jurisdiction. _____ Sign
3. If you have employed us to handle a case, it is your obligation to notify us of any phone number or address change. Please keep in mind that we may have to contact you on a "moments notice" to prevent irreparable has to your case. _____ Sign

DOMESTIC RELATIONS QUESTIONNAIRE

THE FOLLOWING INFORMATION MUST BE PROVIDED TO THE DEPARTMENT OF VITAL STATISTICS IN MONTGOMERY, ALABAMA. PLEASE ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.

How were you referred to us?

____ Telephone Book ____ Friend
____ Other (_____)

Today's Date: _____

PLEASE PRINT

CLIENT

SPOUSE

Your FULL Name

Spouse's FULL Name

Your Maiden Name (If Applicable)

Spouse's Maiden Name (If applicable)

Your Address

Spouse's Address

City, State, ZIP

City, State, ZIP

Home Telephone Number

Home Telephone Number

Other Numbers to Reach You

Other Numbers to Reach Spouse

Date of this Marriage

County, State where married

Date of Separation

Term of Marriage in Alabama

Your Date of Birth

Spouse's Date of Birth

County/State of Birth

County/State of Birth

Your Social Security No.

Spouse's Social Security No.

Your Place of Employment

Spouse's Place of Employment

Employment Address

Employment Address

City, State, ZIP

City, State, ZIP

Employment Phone

Employment Phone

Your Race: American Indian ___ Black ___ White ___ Hispanic ___
Oriental ___ Other _____

Spouse's Race: American Indian ___ Black ___ White ___ Hispanic ___
Oriental ___ Other _____

Your Education: Do you have a High School Degree? Yes No Or, GED? Yes No

Circle the Highest Level of Education you have attained:

1 2 3 4 5 6 7 8 9 10 11 12 (College or Trade School 1 2 3 4 5+)

Spouse's Education: Does your Spouse have a High School Degree? Yes No Or, GED? Yes No

Circle the Highest Level of Education spouse has attained:

1 2 3 4 5 6 7 8 9 10 11 12 (College or Trade School 1 2 3 4 5+)

Marital History: Do you have any previous marriages? Yes No If so, how many? _____

If previously married, how did your last marriage terminate? (Circle One)

Death Divorce Dissolution Annulment

Are you currently paying child support or alimony to anyone? Yes No

Spouse's Marital History: Does spouse have any previous marriages? **Yes No**
If so, how many? _____

If previously married, how did spouse's last marriage terminate? (Circle One)

Death Divorce Dissolution Annulment

Is your spouse currently paying child support or alimony to anyone? **Yes No**

Has a Complaint for Divorce been filed in this marriage before? **Yes No** If yes, when? ____

Will this Divorce be contested? **Yes No**

Do you want restoration of your maiden name (if applicable)? **Yes No**

On what grounds are you filing for Divorce?

Please give the name, address and telephone numbers of persons who may prove helpful in this case.
(Please give complete and accurate information. If you need to verify the information provided, please notate accordingly.)

CHILDREN:

Please list the FULL Name, Age, and Birthdate of each child born of this marriage.

FULL Name

Age Date of Birth

FULL Name

Age Date of Birth

FULL Name

Age Date of Birth

FULL Name

Age Date of Birth

DAYCARE:

Do your children attend Daycare? **Yes No** If yes, do they attend: **Full-time Part-time**

Are the children in a private home or licensed day care? _____

What is your average monthly daycare expense? _____

INSURANCE:

Is there medical insurance currently in place on your children? **Yes No**

If yes, who pays for the medical insurance? **Husband Wife**

What is the cost of this insurance per month? _____

YOUR INCOME:

Monthly Gross Wages, Salary & Commission \$ _____

Estimated Monthly Overtime \$ _____

SUBTOTAL \$ _____

OTHER MONTHLY INCOME \$ _____

Rental Property \$ _____

Interest or Dividends \$ _____

Alimony, Maintenance or Child Support \$ _____

Social Security/Court Assistance \$ _____

Pension or Retirement \$ _____

Other _____ \$ _____

SUBTOTAL \$ _____

TOTAL MONTHLY INCOME \$ _____

SPOUSE'S INCOME:

Monthly Gross Wages, Salary & Commission \$ _____

Estimated Monthly Overtime \$ _____

SUBTOTAL \$ _____

OTHER MONTHLY INCOME \$ _____

Rental Property \$ _____

Interest or Dividends \$ _____

Alimony, Maintenance or Child Support	\$ _____
Social Security/Court Assistance	\$ _____
Pension or Retirement	\$ _____
Other _____	\$ _____

SUBTOTAL \$ _____

TOTAL MONTHLY INCOME \$ _____

YOUR AVERAGE MONTHLY EXPENSES:

Rent or Mortgage payment:	\$ _____	Children Expenses:	
Food	\$ _____	School Supplies/Tuition	\$ _____
Utilities:		Daycare/Babysitting	\$ _____
Electricity or Gas	\$ _____	Medical/Dental Expenses	\$ _____
Water and Sewer	\$ _____	Insurance:	
Telephone	\$ _____	Homeowner's/Renter's	\$ _____
Other _____	\$ _____	Life	\$ _____
Installment Payments:		Health	\$ _____
Auto	\$ _____	Auto	\$ _____
Other _____	\$ _____	Other _____	\$ _____
Other _____	\$ _____	Clothing	\$ _____
Alimony, Maintenance, and Child Support paid:	\$ _____	Home Repairs/Upkeep	\$ _____
		Recreation, Entertainment, Papers, Magazines, etc.	\$ _____
			\$ _____

TOTAL MONTHLY EXPENSES

MARITAL ASSETS: If you have agreed on the division of assets, please notate accordingly.

VEHICLES:

VIN#		
Year, Make, and Model of Vehicle	Titleholder: Client/Spouse/Joint	Award to

Name of Creditor	Balance Owed	Monthly Pymt. Amt.

VIN#

Year, Make, and Model of Vehicle	Titleholder: Client/Spouse/Joint	Award to
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Name of Creditor	Balance Owed	Monthly Pymt. Amt.
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OTHER ASSETS: (Additional Vehicles, Motorcycles, Boats, RVs, Jet Skis, etc.)

Description of Property	Titleholder: Client/Spouse/Joint	Award to
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Name of Creditor	Balance Owed	Monthly Pymt. Amt.
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Description of Property	Titleholder: Client/Spouse/Joint	Award to
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Name of Creditor	Balance Owed	Monthly Pymt. Amt.
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Description of Property	Titleholder: Client/Spouse/Joint	Award to
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Name of Creditor	Balance Owed	Monthly Pymt. Amt.
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REAL PROPERTY:

Address	Value
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Name of Creditor	Balance Owed	Monthly Pymt.
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Address	Value
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Name of Creditor	Balance Owed	Monthly Pymt.
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Address Value

Name of Creditor Balance Owed Monthly Pymt.

FINANCIAL ACCOUNTS:

Name of Bank Type of Account

Name(s) on Account Account Number Balance

Name of Bank Type of Account

Name(s) on Account Account Number Balance

Name of Bank Type of Account

Name(s) on Account Account Number Balance

INCOME TAX RETURNS:

Have you filed your Income Tax Returns for the current year? **Yes No Jointly? Yes No**

How much do you expect to receive in refund? **State: _____ Federal: _____**

DEBTS OF THE MARRIAGE:

Name of Creditor Name(s) on Account

Balance Owed

Name of Creditor

Name(s) on Account

Balance Owed

Name of Creditor

Name(s) on Account

Balance Owed

Name of Creditor

Name(s) on Account

Balance Owed

Name of Creditor

Name(s) on Account

Balance Owed