Date: _____ Client Number: _____

Matter Number: _____

NEW CLIENT QUESTIONNAIRE

Prater Bailey & Associates, LLC
Please Select All Reasons For Visit

- ☐ **Divorce**
- ☐ **Community Property Partition**
- ☐ **Last Will and Testament**
- ☐ **Intrafamily Adoption**
- ☐ **Interdiction**
- ☐ **Custody**
- ☐ **Child Support**
- ☐ **Succession**
- ☐ **Power of Attorney**
- ☐ **Grandparent Custody/Visitation**

NEW CLIENT INFORMATION:

Referred by:_____

Full Legal Name:_____
(Including maiden names, previous married names, etc.)

Birthday: _____**Social Security #:**_____

Driver's License/ID Number: _____

Physical Address: _____

Mailing Address: _____
(That your spouse or ex does not have access to)

Cell Phone Number: (_____)_____

Home Phone Number: (_____)_____

Work Phone Number: (_____)_____

Email Address (primary) : _____

Email Address (secondary) : _____

Date of Marriage: _____ **Date of Physical Separation:**_____

Parish or County of Marriage: _____

Parish or County where you last lived together as husband and wife:

_____

Do you share an Apple iCloud Account or any other software programs with your spouse? _____

Please note that your spouse can access confidential information through your email address, iPhone, bank accounts, and text messages if you share programs. You will need to take steps to protect your confidential information.

VEHICLE INFORMATION

Year_____ Make_____ Model_____ Belongs to:_____
Year_____ Make_____ Model_____ Belongs to:_____
Year_____ Make_____ Model_____ Belongs to:_____

HEALTH INSURANCE INFORMATION (For the Children):

Policy**:**_____

Who maintains the policy? Husband or Wife_____

DEFENDANT INFORMATION (Who you are suing)**:**

Full Legal Name: _____
(Including maiden names, previous married names, etc.)

Birthday: _____**Social Security #:**_____

Driver's License/ID Number: _____

Physical Address: _____

Cell Phone Number: (_____)_____

Home Phone Number: (_____)_____

Work Phone Number: (_____)_____

Email Address (primary): _____

Email Address: (secondary) _____

This initial consultation does not constitute legal representation. This is a consultation only. All fees paid this date will be for this consultation only. The consultation fee charged will be pro-rated for the time you spend with the attorney based on that attorney's hourly rate: Robin V. Cazayoux @ $275.00 per hour; Lisa Prater Bailey @ $325.00 per hour; and Lorraine A. McCormick @ $375.00 per hour.

This initial consultation does not constitute legal representation. This is a consultation only. All fees paid this date will be for this consultation only. Formal legal representation will not be effective until such time as a formal contract is signed by both the client & the attorney, and the requested advance deposit is paid. You agree and acknowledge that any meeting(s) and/or consultation(s) with Prater Bailey & Associates, LLC and its representatives may be audio-recorded. Such recordings are strictly confidential, are protected by the attorney-client privilege, and will not be shared with any third party without written consent, except as required by law.

_____ _____

Sign **Date**

Minor Children

Child 1

Full Legal Name: _____

Date of Birth: _____ Age: _____

Name of School/Childcare:_____

Annual Tuition/Monthly Fee: _____

School-Related Expenses: _____

Extracurricular Activity: _____Monthly Cost: _____

Extracurricular Activity: _____Monthly Cost: _____

Extracurricular Activity: _____Monthly Cost: _____

Child 2

Full Legal Name: _____

Date of Birth: _____ Age: _____

Name of School/Childcare:_____

Annual Tuition/Monthly Fee: _____

School-Related Expenses: _____

Extracurricular Activity: _____Monthly Cost: _____

Extracurricular Activity: _____Monthly Cost: _____

Extracurricular Activity: _____Monthly Cost: _____

Child 3

Full Legal Name: _____

Date of Birth: _____ Age: _____

Name of School/Childcare:_____

Annual Tuition/Monthly Fee: _____

School-Related Expenses: _____

Extracurricular Activity: _____Monthly Cost: _____

Extracurricular Activity: _____Monthly Cost: _____

Extracurricular Activity: _____Monthly Cost: _____

Child 4

Full Legal Name: _____

Date of Birth: _____ Age: _____

Name of School/Childcare:_____

Annual Tuition/Monthly Fee: _____

School-Related Expenses: _____

Extracurricular Activity: _____Monthly Cost: _____

Extracurricular Activity: _____Monthly Cost: _____

Extracurricular Activity: _____Monthly Cost: _____

Employment

Husband/Partner

Current Employment _____

Work Address _____

Job Title _____

Date Started _____ Ended _____ Retired_____

Union Affiliation _____

BENEFITS

Life Insurance	☐ No	☐ Yes, Location _____
Profit Sharing	☐ No	☐ Yes, Location _____
Pension Fund	☐ No	☐ Yes, Location _____
Union Plan	☐ No	☐ Yes, Location _____

PRIOR EMPLOYMENT

Date Started _____ Ended _____ Retired_____

Union Affiliation _____

BENEFITS

Life Insurance	☐ No	☐ Yes, Location _____
Profit Sharing	☐ No	☐ Yes, Location _____
Pension Fund	☐ No	☐ Yes, Location _____
Union Plan	☐ No	☐ Yes, Location _____

Wife/Partner

Current Employment _____

Work Address _____

Job Title _____

Date Started _____ Ended _____ Retired_____

Union Affiliation _____

BENEFITS

Life Insurance	☐ No	☐ Yes, Location _____
Profit Sharing	☐ No	☐ Yes, Location _____
Pension Fund	☐ No	☐ Yes, Location _____
Union Plan	☐ No	☐ Yes, Location _____

PRIOR EMPLOYMENT

Date Started _____ Ended _____ Retired_____

Union Affiliation _____

BENEFITS

Life Insurance	☐ No	☐ Yes, Location _____
Profit Sharing	☐ No	☐ Yes, Location _____
Pension Fund	☐ No	☐ Yes, Location _____
Union Plan	☐ No	☐ Yes, Location _____

Personal Advisors

Include name, address, and phone number for each advisor

Financial Advisor

_____

_____

_____

Power of Attorney (financial)

_____

_____

_____

Attorney

_____

_____

_____

Power of Attorney (medical)

_____

_____

_____

Accountant

_____

_____

_____

Insurance Agent

_____

_____

_____

Personal Representative/Executor

_____

_____

_____

Tax Preparer

_____

_____

_____

Religious Contact

_____

_____

_____

Other Contact

_____

_____

_____