



SHEP LAW GROUP

1990 North Meridian Road
Meridian, ID 83646

RON R. SHEPHERD
Senior Attorney

DAVID L. BARTELS
Associate Attorney

Family Law Intake Questionnaire

This confidential information is for our records only. Please fully complete, sign and date.

CLIENT INFORMATION:			
Name:		Email address:	
Address:			
City:	State:	Zip:	How long at this residence?: _____
Cell phone:	Home phone:	Work phone:	
May we contact you at these phone numbers? () YES () NO If not, please list additional phone number(s) to call: _____			
SS#:	Date of birth:	Place of birth:	
Other names you have used:			
Emergency contact (Relative):		Relation:	
Address:		Phone number(s):	
Emergency contact (Non-Relative):			
Address:		Phone number(s):	
Purpose of this appointment: (Divorce / Child Custody / Child Support / Other (please describe))			
Have you ever had another attorney represent you in this matter? () YES () NO			
If YES, please state the name of the attorney:			
Are you a current or former client of Shep Law Group?			
Are you of Native American origin? () YES () NO Education (highest grade completed): _____			

Your occupation:		Job title:	
Employer Name and Address: _____ _____			
Length of Employment:			
Salary/Wages: \$		(Hourly / Weekly / Monthly / Annually):	
Do you have any physical disabilities or health limitations? () YES () NO If YES, please describe: _____ _____			
Your previous address(es) for past 5 years: _____ _____ _____			
Your previous marriage(s): How many times have you been married? _____ Date marriage(s) ended: _____ Was the previous marriage ended by death, divorce, or annulment? _____			
OTHER PARTY:			
Name:		E-mail address:	
Address:			
City:	State:	Zip:	Home phone:
Cell phone:		Work phone:	
SS#:	Date of birth:	Place of birth:	
Other names he/she has used:			
Is he/she of Native American origin? () YES () NO		Education (highest grade completed): _____	
His/Her Occupation:		Job Title:	
Employer Name and Address: _____ _____ _____			
Length of Employment:			
Salary/Wages: \$		(Hourly / Weekly / Monthly / Annually)	
Does he/she have any physical disabilities or health limitations? () YES () NO If YES, please describe: _____ _____			

His/Her previous marriage(s):			
How many times has he/she been married? _____			
Date marriage(s) ended: _____			
Was the marriage ended by death, divorce, or annulment? _____			
THIS MARRIAGE (if applicable):			
Date of marriage: _____			
Place of marriage: _____			
City: _____ County: _____ State or foreign country: _____			
Cause or grounds for divorce: _____			
Date of separation: _____			
Does the wife want to be restored to her maiden name? () YES () NO			
If yes, what is wife's maiden name? _____			
CHILDREN:			
Children from <i>THIS</i> relationship (Only include children under the age of 19 that are still in school):			
Name	Birthdate	Social Security #	
Has above child(ren) resided in Idaho continuously for previous six months? () YES () NO			
Children from <i>PRIOR</i> relationship(s):			
Name	Birthdate	Social Security #	Other Parent
CUSTODY:			
What custody schedule do you want? _____			

How did you hear about Shep Law Group?

Referred by: _____
Facebook: _____ Thumbtack: _____ Google: _____ Bing: _____ Radio: _____ Other: _____

NOTICE OF PAYMENT OBLIGATION

By signing below, I acknowledge that I understand and agree to the following terms upon which I engage the legal services of SHEP LAW GROUP ("SLG"):

1. I am responsible for payment of all costs incurred and fees earned for which I am seeking counsel. Attorney time will be billed at \$295.00 per hour for senior attorney services, billed in one-tenth hour increments. ***The initial consultation is not free.*** All time expended will be my responsibility to pay.

2. I will be billed on a monthly basis and my account must be paid in full each month unless other arrangements are made. If I have more than one matter with the firm, I hereby consent and direct any payment that I make be applied to the oldest account first. ***Past due accounts will accrue interest at the rate of 18% per annum.***

3. If a retainer is required, I must pay the retainer in full before SLG is obligated to commence legal services. If a retainer is paid, such retainer will be applied to my monthly bill until depleted. I further understand that once my original retainer is depleted, it must be replenished in an amount equal to the original retainer amount and, if not, SLG may, in its sole discretion, withdraw or otherwise discontinue legal services on my behalf. Once the retainer is depleted, I am responsible to pay each bill received from SLG upon receipt to the extent such bill is not paid from the retainer.

4. If I do not comply with payment requirements, SLG may withdraw from my case and my account may be sent to a billing/collection agency, wherein additional costs may be incurred. If SLG incurs collection costs, including, but not limited to, attorney fees, I agree to pay the pre-lawsuit and post lawsuit costs and attorney fees SLG incurs in collection.

I HAVE READ, UNDERSTOOD, CAREFULLY CONSIDERED AND AGREED TO THE TERMS SET FORTH HEREINABOVE.

Signature: _____ Date: _____

For Shep Law Group Official Use Only:

Matter Number:	Matter Description:
Originating Attorney	Responsible Attorney
Billing Type (Circle One): () Hourly () Flat Fee () Contingency	Retainer Amount Quoted:
Retainer Received: () Y () N	Payment Terms: