

POST JUDGMENT INTAKE SHEET

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Please complete the following intake sheet & return to Ashley M. Myers, P.A. prior to scheduling an appointment. Please be advised that until an appointment has been scheduled and a retainer agreement executed, Ashley M. Myers, Esq. does not represent your interest as a client.

Date of scheduled consult:	
Date you are completing this form:	
Potential Client is Former Husband or Former Wife:	

Ashley Myers Hourly Rate: \$350 - 400/hour depending on case complexity
Autumn Warner Hourly Rate: \$250 - 275/hour depending on case complexity
Legal Assistant Hourly Rate: \$130/hour

PERSONAL INFORMATION

Former Wife's name:	
Maiden name:	
Former Wife's address:	
Home phone:	
Work/alternative:	
Cell:	
Email:	

Former Husband's name:	
Former Husband's	

address:	
Home phone:	
Work/alternative:	
Cell:	
Email:	

Former Wife's Social Security Number:	
Former Wife's DOB:	
Former Husband's Social Security Number:	
Former Husband's DOB:	

REFERRED BY

Who may we thank for your business?	
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BACKGROUND

Date of Marriage:	
County of Marriage:	
Date of Divorce:	

EMPLOYMENT INFORMATION

Is anyone disabled? If so, who?:	
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Former Wife's Occupation:	
Former Wife's Employer, Name and Address:	
How long has Former Wife been employed with this employer?	
Former Wife's approximate income?	

Former Husband's Occupation:	
Former Husband's Employer, Name and Address:	

How long has Former Husband been employed with this employer?	
Former Husband's approximate income?	

PARTIES HEALTH:

Is the Former Husband in good health? If not, list physical and or psychological problems:	
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Is the Former Wife in good health? If not, list physical and or psychological problems:	
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WITNESSES:

This does not need to be done prior to initial consultation; however, you should be thinking about who can assist you in presenting your case to the Judge.

Name, address and telephone number of Witness:	Area of Testimony:
Name, address and telephone number of Witness:	Area of Testimony:
Name, address and telephone number of Witness:	Area of Testimony:
Name, address and telephone number of Witness:	Area of Testimony:
Name, address and telephone number of Witness:	Area of Testimony:

CHILDREN

This form provides for 5 children, if you have more, please add additional children's information.

How many children were born as a result of the parties' relationship?	
Were you married to each other when all the children were born?	
Were there any children that were prior to the marriage to the parent?	

Children of this relationship:

Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #
Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #
Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #
Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #

Children of Other Relationships:

Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #
Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #
Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #

Is custody an issue?	
Who are the Children living with now?	

Is anyone paying child support? Who?	
Is so, how much?	
Who, if anyone, is providing insurance?	
What kind? Health, Dental, Life? How much are the monthly premiums for the child? (Generally you may obtain an estimate by subtracting the cost of coverage for yourself from the cost of coverage for the entire family, if family coverage)	
Is child doing well in school?	
Where does the child go to school?	

Any health problems?	
Who is child's pediatrician?	

Any behavioral issues?	
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Is child seeing a psychologist? If so, who?	
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Children from any other relationships?	
If so, names, ages and where they reside?	

ABUSE ISSUES

If so, who has or is making the allegation of abuse?	
Who did the aggressor allegedly abuse?	
Describe the abuse:	

ALIMONY

Was either side awarded alimony?	
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WHAT ARE YOUR TOP 5 PRIORITIES IN TERMS OF A "WISH LIST."

- 1.
- 2.
- 3.
- 4.
- 5.

PROPOSED SETTLEMENT OFFER?: DO YOU HAVE AN AGREEMENT OR A PROPOSAL YOU THINK WILL BE TAKEN? If so, what is it?

NOTIFICATION OF POTENTIAL CONFLICT OF INTEREST IN LIMITED CIRCUMSTANCES PRESENTLY UNKNOWN:

If a business valuation was or is being performed by S. Mark Hand & Associates, P.A. by the opposing party, then Ashley Myers, P.A. is unable to represent you. If no business valuation has been performed as of the date of retention of Ashley Myers, P.A., please be advised that should the opposing party retain S. Mark Hand & Associates, P.A. at any time during your case, Ashley Myers, P.A. will be forced to withdraw from your representation.

To prevent any potential conflict from arising, once it is public record that Ashley Myers represents you in this matter, then Ashley Myers shall notify S. Mark Hand and Associates of the representation of you, so that S. Mark Hand and Associates, P.A. will not accept an engagement by the opposing party. The client acknowledges Ashley Myers, P.A. will disclose the representation of the client to S. Mark Hand and Associates, P.A. to prevent a potential conflict and allowing the continued maintenance of the attorney client relationship.