

Stone Law Group
DIAGNOSTIC SHEET

INFORMATION FOR OUR FILES

Your Name and Age: _____

Your Current Significant Other's Name: _____

Your Home Address: _____

Your Home Telephone Number: _____

Your Pager Number: _____

Your Cell Phone Number: _____

Your Business Telephone Number: _____

Your Email Address: _____

Your Emergency Contact Person: _____

May we contact you at the address and numbers listed above? _____

If not, how would you like us to contact you? _____

THE PROSPECTIVE CASE

What is the name and age of the other parent? _____

What stage are the proceedings at? _____

No filing ___ Ongoing Divorce/Paternity _____ Post Judgment Modification _____

Any court dates pending? _____ If so, when? _____

Where? _____

Current lawyers: Father _____ Mother _____

Are you currently ordered to pay child support? _____ Spousal? _____
Family Support? _____ If so, how much? _____

CUSTODY INFORMATION

Children's Names and Ages _____

With whom are the children living? _____ Where? _____

Your desire regarding their time-share: _____

OTHER ISSUES

Has your home been in this state for the last 6 months? ___ If so, what county? _____

Have you ever been convicted of a crime? _____ DUI? _____ FTA? _____

If so, please explain _____

Have you ever filed a lawsuit? _____ Been a defendant? _____ Been a witness? _____

If so, please explain _____

Have you ever filed bankruptcy? _____ What chapter? _____

BASIC FINANCIAL INFORMATION

What do you do for a living? _____ Gross Monthly Income \$ _____

What does your current significant other do for a living? _____

If you are remarried, what is your new spouse=s gross monthly income? \$ _____

What does the other parent do for a living? _____ Monthly Income \$ _____

What does the other parent=s current significant other do for a living? _____

How do you plan to finance your legal representation: Savings? _____ Family? _____

Friends? _____ Loan from work? _____ Credit Card(s)? _____

