

SAMINSKI RODRIGUEZ LAW GROUP, LLC

FAMILY LAW AND RELATED MATTERS

OFFICE USE ONLY

DATE: ___/___/___

CASE TYPE: _____

Have you been here before? _____ If yes, When? _____

How did you hear about us?: Internet If so which site(s)? _____ Other Referral

Who may we thank for referring you? _____

Do you have any pending Court dates? YES / NO If yes, When? _____

NAME: Mr./Ms./Mrs./Dr. _____

Please Print First Middle Last

ADDRESS: _____

Number Street Apt. No. City State Zip Code

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

ADDRESS: _____

Number Street Apt. No. City State Zip Code

PLACE OF WORK: _____

Company Name Street Address Suite

City State Zip Code

How long have you lived in N.J.? _____

Do you wish to resume your maiden name? YES / NO If YES, Maiden Name: _____

May we call you after your consultation to follow up (please check one)? Yes ___ No ___

May we send you an email from time to time with updates or case law (please check one) Yes ___ No ___ For free Seminars? Yes ___ No ___

CONTACTING YOU: CHECK YES BELOW IF IT IS OK TO CALL

() - YES Work Phone YES

() - YES Cell Phone YES

() - YES Fax YES

Personal Email Work Email

ADVERSE PARTY

OTHER PARTY'S NAME: _____

Mr./Ms./Mrs First Middle Last

ADDRESS: _____

Number Street Apt. No. City State Zip Code

PLACE OF WORK: _____

Company Name Street Address Suite

City State Zip Code

OTHER PARTY'S ATTORNEY(if known): _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SS# _____

CHILD / CHILDREN

Notes

1.	Child's Name	Date of Birth	Age	School Attended	Notes
2.	Child's Name	Date of Birth	Age	School Attended	Notes
3.	Child's Name	Date of Birth	Age	School Attended	Notes
4.	Child's Name	Date of Birth	Age	School Attended	Notes
5.	Child's Name	Date of Birth	Age	School Attended	Notes

Married or Civil Union: _____ Ceremony Location: _____ Religious or Civil: _____
Date of Ceremony: ___/___/___ Date of Separation: ___/___/___ Date of Divorce/Dissolution: ___/___/___

List All Prior Court Activity:

DOCKET NUMBERS (IF KNOWN): _____