

# Wesley Chapel Law Group

W. Todd Smith, Esquire\*  
Donald L. McBath, Esquire

*\*Former Assistant State Attorney*

2412 Cypress Glen Drive, Ste. 101  
Wesley Chapel, FL 33544  
813-929.6789

Date: \_\_\_\_\_ Consulting Attorney: \_\_\_\_\_ Quote: \_\_\_\_\_

Often a client will bring a friend or family member to the initial conference or a subsequent meeting with the attorney. While this person may provide emotional support for the client, his or her presence at the conference destroys the attorney-client privilege. If subpoenaed, this person may be compelled to testify as to what was said during the conference. The client may also be compelled to disclose what was said during the conference. The presence of any associate, paralegal or staff member of the attorney, or other person working with the attorney on the case will not destroy the attorney client privilege.

DIVORCE \_\_\_\_\_ CHILD SUPPORT \_\_\_\_\_ CUSTODY \_\_\_\_\_ JUVENILE \_\_\_\_\_  
POST-JUDGMENT \_\_\_\_\_ STEP-PARENT ADOPTION \_\_\_\_\_ PATERNITY \_\_\_\_\_  
OTHER \_\_\_\_\_

## CLIENT INFORMATION:

FULL NAME: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
SSN\*: \_\_\_\_\_ DOB\*: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_

## OTHER PARTY:

FULL NAME: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
SSN\*: \_\_\_\_\_ DOB\*: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_

*\*Required in section 61.052(7), sections 61.13(9) or 10, section 742.031(1)B(3), and/or section 742.10(1)B(2), Florida Statutes*

**MARRIAGE INFORMATION:**

Date of Marriage: \_\_\_\_\_ City and State of Marriage: \_\_\_\_\_

Date of most recent separation: \_\_\_\_\_

**CHILDREN OF THE MARRIAGE:**

Full Name:	Male/Female:	DOB:	Birth Place:	SSN:
_____	M      F	_____	_____	_____
_____	M      F	_____	_____	_____
_____	M      F	_____	_____	_____
_____	M      F	_____	_____	_____
_____	M      F	_____	_____	_____

**PROPERTY:**

Is there real property YES \_\_\_\_\_ NO \_\_\_\_\_

Address of Real Property: \_\_\_\_\_

*\*If you have Real Property, you must bring us a copy of your Deed*

**NOTES:**

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**DATE:** \_\_\_\_\_

**CLIENT'S SIGNATURE:** \_\_\_\_\_

