

TELLER LAW FIRM

A Professional Corporation

FAMILY LAW • COLLABORATIVE LAW • MEDIATION

APPLICATION FOR LEGAL SERVICES

Date: _____

Mr./Ms. First Name Middle Name Last Name Suffix

check if residence is
your mailing address

Residence Address

City State Zip

Home Phone Cell Phone E-Mail Address

Employer Name Position How Long?

Employer Address City State/Zip Phone

Social Security Number Drivers License Number/State Date of Birth

Name and phone number of someone who will always know how to find you.

How did you find out about us? Please state name of referral.

Briefly state the facts: _____

Date of marriage: _____ Date of separation: _____

What do you want to see happen? _____

How long can you wait for this to occur? _____

How will you pay for your attorney's fees in this matter? _____

For Attorney's Use Only:

Consult Only Will Represent May/May Not Return Investigate Decline (LTR)

1/2012