

CLARK and FEENEY

THE TRAIN STATION, SUITE 106
1229 MAIN STREET
LEWISTON, IDAHO 83501

(PLEASE PRINT) **NEW CLIENT INFORMATION**

DATE _____ ATTORNEY _____

NAME _____ SPOUSE _____

First Middle Last

ADDRESS _____ How long at this address? _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # (Home) _____ (Work) _____ (Cell) _____

E-MAIL _____

ADDRESS: _____

Do you want our firm to send e-mails to this address knowing that such e-mail may not be confidential? Yes No

Social Security # _____ Date of Birth: _____ Married Divorced Single

OCCUPATION _____ EMPLOYER _____

Employer's Address: _____ No. of Years Employed there _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU: _____

Address _____ Telephone _____

ADVERSE PARTY

To the best of your knowledge, has Clark and Feeney ever represented this party? If so, approximate date _____.
Can you think of any reason Clark and Feeney may have a conflict of interest in this regard? _____

Have you ever been involved in a matter in which Clark and Feeney has represented the opposing party? _____ If your answer is Yes, who was Clark and Feeney's client, what was the issue(s) involved, and when did this representation occur? _____

Do you waive any conflict that Clark and Feeney may have if this law firm were to represent you? Yes No

REFERRED TO CLARK AND FEENEY BY:

IF PAYING WITH CREDIT CARD, PLEASE COMPLETE:

Credit Card: (Circle One) Visa Mastercard Discover Other:

Card No. _____ Expiration Date _____

**I AGREE TO PAY THE ENTIRE BALANCE DUE TO, INCLUDING ACCRUED INTEREST ON ACCOUNT. 2% Per Month (24% per annum) Service Charge on all accounts over 30 days.
20% Administrative Charge on costs advanced.**

I AGREE TO PAY FOR THE INITIAL CONSULTATION UNLESS THIS IS THE TYPE OF CASE THAT WILL BE HANDLED BY MY LAWYER ON A CONTINGENT FEE BASIS. THE TYPES OF CASES THAT ARE HANDLED ON A CONTINGENT FEE BASIS ARE CASES WHERE A PERSON WAS INJURED IN AN AUTOMOBILE ACCIDENT OR INJURED AT WORK. I UNDERSTAND ALL OTHER TYPE OF CASES HAVE A FEE FOR THE INITIAL CONSULTATION AND I AGREE TO PAY MY LAWYER FOR HIS/HER TIME AND SERVICES INCLUDING PREPARATION OF VARIOUS LEGAL DOCUMENTS.

CLIENT SIGNATURE

TYPE OF CASE:

FIELD OF LAW (category):

ADVERSE PARTY:

FEE ARRANGEMENT:

Categories:

- 1 Accidents - personal injury/property damage
- 2 Agricultural/Livestock
- 3 Bankruptcy
- 4 Business, corporate & partnership
- 5 Civil Rights
- 6 Collections
- 7 Condemnation
- 8 Criminal
- 9 Divorce & Family
- 10 Driving While Intoxicated
- 11 General Practice
- 12 Government & Finance
- 13 Insurance
- 14 Labor
- 15 Municipal Government & Finance
- 16 Product Liability
- 17 Real Estate
- 18 Social Security
- 19 Taxes
- 20 Traffic Violations
- 21 Trial & Appeals
- 22 Wills, Estate Plan & Probate
- 23 Workmen's Compensation
- 24 Taxes
- 25 LOID
- 26 Litigation - General
- 27 Construction Law & Litigation
- 28 Medical Malpractice

DIVORCE QUESTIONNAIRE

Husband's information

Husband's Name _____
Date of Birth: _____ Age: _____
Birthplace: _____
Race: _____
Occupation: _____
Employer name and address _____

Number of this marriage: _____
If married before, did marriage end in ___ divorce
death ___ annulment ___ dissolution
Social Security Number _____
Highest level of education completed: _____
Current address: _____

Date of Marriage: _____
Date of Separation: _____

Number of Children from this Marriage: _____

Child's Name: _____
Date of Birth: _____
Age: _____
Social Security No.: _____

Child's Name: _____
Date of Birth: _____
Age: _____
Social Security No.: _____

Child's Name: _____
Date of Birth: _____
Age: _____
Social Security No.: _____

The child(ren)'s present address is: _____

Wife's information

Wife's Name _____
Maiden Name: _____ If Wife
filing for Divorce, do you want your maiden name
restored to you at the time the Decree is entered?
Yes _____ No _____

Date of Birth: _____ Age: _____
Birthplace: _____
Race: _____
Occupation: _____
Employer name and address _____

Number of this marriage: _____
If married before, did marriage end in ___ divorce
death ___ annulment ___ dissolution

Social Security Number _____
Highest level of education completed: _____
Current address: _____

Place of Marriage: _____
City/State/County

Child's Name: _____
Date of Birth: _____
Age: _____
Social Security No.: _____

Child's Name: _____
Date of Birth: _____
Age: _____
Social Security No.: _____

Child's Name: _____
Date of Birth: _____
Age: _____
Social Security No.: _____

The child(ren) has/have lived in the following places during the last five (5) years are as follows:

The names and present addresses of the people with whom the child(ren) has/have lived during the period of time are as follows:
