

# 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

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# 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.: \_\_\_\_\_

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

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

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