

CONFIDENTIAL

Preliminary client information form

We look forward to shortly meeting with you. The attached form is designed to provide preliminary information about you and your situation to assist in preparing for that meeting.

We realise that not all sections will apply to you – for example, if you are planning to meet with us to discuss only issues affecting your child or children, you will not need to complete those sections relating to your financial situation, but remember that it might be relevant where financial support for your child or children may be an issue you wish to discuss.

Please complete all sections that you think apply to you and the issues which you wish to discuss. The information provided is kept confidentially by us and will not be shared with anyone else without your permission.

Please return completed form to:

Mr Richard Sharp – 5, Gay Street, Bath, BA1 2PH or richard@sharpfamilylaw.com

Preliminary information form

1. Personal Information

1a. Your personal details

Your name	Date of birth:
Home address:	
	Post code:
Email:	Tel: Mobile:

Work address		
	Post code:	
E-mail:	Tel:	Mobile:
At which address/phone no./email is it most appropriate for me to contact you?.....		
It would be helpful to have your National Insurance no. if you know it:		

1b. Confidentiality - Do you want your address and/or contact details kept confidential? If so, please tick Yes

2. Relationship Information

Your husband/wife/partner name	
	Date of birth:
Their home address (if different to yours):	
	Post code:
Email:	Tel: Mobile:
Date of marriage: Date of start of any cohabitation:	
If separated, date of separation:	
If currently living together, do you wish to consider separation?	
Do you think that your relationship has come to an end permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Have you and your husband/wife/partner discussed divorce/separation?	
If so, have you reached any agreement about divorcing or separating?	

3. Children

Please give the following information concerning any children you and/or your husband/wife/partner are parents to:

1st child: Name:.....Date of birth:.....

If relevant, current place of education:.....

Any special needs?.....

2nd child: Name:.....Date of birth:.....

If relevant, current place of education:.....

Any special needs?.....

3rd child: Name:.....Date of birth:.....

If relevant, current place of education:.....

Any special needs?.....

4th child: Name:.....Date of birth:.....

If relevant, current place of education:.....

Any special needs?.....

Please continue on a separate page if there are more than four children, or if there are any other child dependants.

With whom are the children currently living?.....

If you are separated from the other parent, are there arrangements in place for them to spend time with their other parent?

.....

Do you have Parental Responsibility for the children? Yes No Not sure

Is Parental Responsibility an issue? Yes No Not sure

Are the children aware of the situation between you and your husband/wife/partner?

Yes No Not sure

4. Anyone else who is dependent upon you?

Is there anyone else e.g. a parent or other child or family member for whom you have caring responsibilities or who is dependent upon you financially or practically for support/assistance?

Yes No

Please provide brief details here

5. Preliminary financial outline

The following information is requested. If financial issues are to be considered further, a more detailed financial form will be provided and discussed with you.

The property where you live:

Address (if different from home address in Question 1)

.....
.....

Is this the property where you and your husband/wife/partner live or lived together

.....

Is it rented or owned? Rented Owned

In whose name is it? Joint Sole Whose sole

name?.....

If owned, estimated current value..... and mortgage balance

Employment:

What is your occupation?.....Current salary (gross).....

If employed, name of employer.....

If self-employed or in partnership, estimate of current annual earnings.....

To what date are accounts available?.....

What is your husband/wife/partner's occupation? Current salary (gross).....

If employed, name of employer:

If self-employed or in partnership, estimate of current annual earnings

Other sources of income:

Do you have any other sources of income? If so, estimated amount..... and source..... (No further details required at this stage.)

Does your husband/wife/partner have any other sources of income?
 If so, estimated amount and
 source.....
 (No further details required at this stage.)

Other sources of capital:

Please summarise other capital that you might hold ie savings, investments and estimate amount

.....

Please summarise other capital that your husband/wife/partner might hold ie savings, investments and estimate amount

.....

Pensions

Please identify any pension funds that you might hold

.....

Please identify any pension funds that your husband/wife/partner might hold

.....

6. Professional representation and support

Have you had any professional support (counselling or personal/relationship support) relevant to your relationship? If so, from whom? Was it individual, as a couple, or as a family?

.....

Is that support continuing? Yes/No

Have any other professional services been involved with your family e.g. Local Authority Children’s Services? If so, please indicate when and where

.....

Is your husband/wife/partner represented by a solicitor? If so, what is her/his name and address?

Name:

Address:

7. Legal proceedings

Have any court/legal proceedings started? If so, what proceedings, in which court, and what stage has been reached?

.....
.....

Is there a pending hearing date for any proceedings? If so, what is it?.....

.....

Has a Child Support Assessment or maintenance order been sought or made in relation to any child? If so, please give details.....

Has an order been made, sought or threatened to protect any member of the family or their property? If so, please give details.....

.....

8. What is important for you to discuss or have information about?

Would you like to address or receive information on any of the following?

- | | | | |
|---------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------|
| Future of the relationship | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Arrangements for separation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Review of existing agreement order | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Your children and managing parenting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Parental responsibility for children | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Financial/property issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Questions/Information about behaviour/
threat/harassment/harm or abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Debt or other financial hardship | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |

Other (please specify here).....

Thank you for sharing this information with us

Signed.....

Date.....