

LRBFamilyLaw

ATTORNEYS AT LAW

This is a CONFIDENTIAL information sheet.

Name: _____ DOB _____ Age: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

I use e-mail as a primary source of communication with my clients. It is important that you do not use a third party's device, system, or e-mail address for attorney-client communications. A third party may include your employer. Your employer has a right to view your e-mail sent through the employer's workplace device, system or e-mail. Confidential attorney-client communications are protected by a privilege, which can be lost if a third party, such as your employer, spouse, or partner, view the communications. Please provide an e-mail address that you know is secure. If you choose to use your workplace system, device, or e-mail address to communicate with me, please know that you do so at your own risk. I will communicate with you via e-mail using the address you have provided until or unless you provide me with another address.

I would like legal advice about (please check all that apply):

____ Divorce ____ Post-Divorce Issues ____ Partnership Breakup

____ Paternity ____ Protective Order ____ Adoption

____ Assisted Reproductive Technology

Your Occupation: _____ Your Employer: _____

Your Annual Gross Income: _____

Date of Present Marriage or Cohabitation (if applicable): _____

State and County Where Married (if applicable): _____

Name of Spouse or Partner: _____

Spouse's Age: _____ DOB _____

261 East 300 South, Suite 200
Salt Lake City, Utah 84111
Phone: (801) 746-0670
Fax: (385) 242-7917
lrb@laurenbarroslaw.com

Spouse's Address: _____

Spouse's Email address: _____

Spouse's Work address: _____

Spouse's Home Phone: _____ Spouse's Cell Phone: _____

Spouse's Occupation: _____ Spouse's Employer: _____

Spouse's Income: _____

List name, age, and date of birth of any children:

_____	_____
_____	_____
_____	_____

Have you or your partner/spouse, if any, ever used or participated in assisted reproduction?

If yes, have you or your partner/spouse, if any, ever signed a consent form regarding the storage, use or disposition of genetic material?

Do you, your family, or your spouse or their family, or any of your children have any disabilities? If yes, please explain:

My previous lawyers for this case have been: _____

Date of separation from present spouse or partner (if applicable): _____

In what County and State did you last reside in as spouses or as partners (if applicable)? _____

While married, have you ever lived another state? If so, where? _____

My most important priorities for my attorney are:

If you have any specific questions, please list them here:

I was referred to Lauren Barros by: _____

I represent to Lauren R. Barros that the above information is true.

Signature: _____ **Date:** _____

NOTE: A map with directions to my office can be found on my website, www.LRBFamilyLaw.com.