

Divorce Resolutions® Potential Client Notes



Date	(circle one): LFK CLG JLG	
Name (Last, First) Initial		C:
Phone:	H:	W:
Address:		
Attorney, if any:		
E-mail Address:		
Other Party Name		C:
Phone:	H:	W:
Address:		
Attorney, if any:		
E-mail Address:		
How Referred	<input type="checkbox"/> counsel <input type="checkbox"/> yellow pages <input type="checkbox"/> prior client <input type="checkbox"/> website <input type="checkbox"/> other	<i>referral source name:</i>
Client Rating (1-10)		
Issues Children? <input type="checkbox"/> no <input type="checkbox"/> yes how many, age, sex	Male Party:	Female Party:
Length marriage?		
Length separation?		
Own home?		
Substantial debts?		
Both work outside home?		
County?		
Misc Other	Scheduling Availability	Scheduling Availability
	Appointment Date/Time:	