



*The Siemon Law Firm*

A Professional Corporation

Family Law and Criminal Defense

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Alpharetta, Georgia 30022

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Corporate Square  
347 Dahlonega Street  
Cumming, Georgia 30040

Confidential Client Intake – Legitimation

Today's Date: \_\_\_\_\_

(NOTICE: No representation is provided until a signed fee contract is received and the retainer is paid).

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

EMAIL\*: \_\_\_\_\_

\* (We STRONGLY suggest you create a new e-mail account with a new password for any communication with us).

Telephone Numbers: (Please list only those numbers that can be considered "safe – retrievable only by you.")

Home: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Alt # ( ) \_\_\_\_\_

How did you learn of our firm? \_\_\_\_\_

If this individual is an attorney or other professional, to what firm/practice does he/she belong?  
\_\_\_\_\_

Can we send a thank you letter to the person who referred you to our office? \_\_\_\_\_

Reason for seeking counsel? \_\_\_\_\_

DOB: \_\_\_\_\_

Adverse Party Information:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_

Opposing Attorney: \_\_\_\_\_

Minor Child(ren):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

Do you currently provide/receive child support with regard to the above listed Child(ren)? \_\_\_\_\_

If so, how much and how often? \_\_\_\_\_

Did you provide/receive any financial support during the pregnancy and/or delivery? YES / NO

Prior Proceedings:

Have there been any legal or other proceedings between you and the opposing party? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who represented you? \_\_\_\_\_

Who represented the opposing party? \_\_\_\_\_