



New Client Intake Packet for Dissolution of Marriage

We are honored to work for you. We understand family law matters can involve significant financial implications, strong emotional attachments, and tense family dynamics. It is often these elements, rather than the law itself, that complicates family law matters for our clients. From divorces to child custody disputes, it may seem impossible to bear the burden of these issues on your own.

That's where we come in. We are here to provide you with the client-focused service, legal expertise, and compassionate support you need to resolve your case and ensure the best possible outcome for you, your children, and all other involved parties.

Let's get started. This is our New Client Intake Packet. Please complete all fields and provide the information requested. This provides us with the necessary tools and information to get started on your case.

LIST OF DOCUMENTS NEEDED FROM YOU:

- Your federal income tax returns for the past three years with W-2's and 1099 forms.
- Your recent pay stub with current year to date information
- Business tax returns past three years, (if applicable)
- Your spouse's recent pay stub with current year to date information
- 401 (k), IRA, Pension that shows value for the month of separation
- Life Insurance cash value date of separation or loans taken against policy
- Mobile Home registration (if applicable)
- Checking and/or Savings account on date of separation
- Loans that have been taken out in the last 5 years
- All credit card statements for month of separation
- Copy of appraisal if taken within the last 2 years

PLEASE DO NOT LEAVE ANY BOXES BLANK.

IF A SECTION DOES NOT APPLY, PLEASE INDICATE WITH "N/A" OR "NOT APPLICABLE"

Thank you!

Client Information

Full Name		Date of Birth	Social Security No.			
Phone Number	Street Address		City	State Zip		
Mailing Address is the same <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address		City	State Zip		
Email Address				Place of Birth (City and State)		
Maiden Name	Would you like maiden back after divorce: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Names Used:			
Highest year of education completed:		Military Service (which services) and Dates Served:				
Do you suffer from any drug or alcohol problems? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:						
Health problems:						
Do you have health problems that affect your employment? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:						
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:						
Last day worked (Month/Year) _____						
Current or Most Recent Employer		Employer Address City State Zip				
Start Date (Month/Year)	Job Title/Occupation	Monthly Gross Income \$	Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly			
Current Work Schedule:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you receiving any other income (2nd Job, Rental, Child Support)?						
Please indicate other types of income and monthly amount received.						
				\$		
				\$		
				\$		
				\$		
Are you receiving any State Assistance or other Benefits?						
Please indicate what benefits and the monthly dollar amount received.						
				\$		
				\$		
				\$		

SPOUSE'S INFORMATION:

Full Name				Maiden Name							
Physical Address			City	State	Zip	Mailing Address		City	State	Zip	
Date of Birth		Place of Birth (City and State)			Social Security No.		Phone Number				
Email Address											
Highest year of education completed:					Military Service (which services) and Dates Served:						
Does your Spouse suffer from any drug or alcohol problems? <input type="checkbox"/> No <input type="checkbox"/> Yes. Explain:											
Does your Spouse have any Health Problems? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list:											
Does your Spouse have any Health Problems that affect their employment? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:											
Is your Spouse presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why your spouse is currently unemployed:											
										Last day worked (Month/Year) _____	
Current or Most Recent Employer				Employer Address			City	State	Zip		
Start Date (Month/Year)		Job Title/Occupation			Monthly Gross Income		Pay Frequency				
					\$		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly				
Spouses Current Work Schedule:											
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday					
Is your Spouse receiving any other income (2nd Job, Rental, Child Support)?											
Please indicate other types of income and amounts.											
							\$				
							\$				
							\$				
Is your Spouse receiving any State Assistance or other Benefits?											
Please indicate what benefits and the monthly dollar amount received.											
							\$				
							\$				

MARRIAGE AND CHILDREN'S INFORMATION:

Date of Marriage	# Years Married	City and State Married in	Date of Separation	Date of Co-Habitation
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Do you have any property settlement agreement, prenup agreement, or separation contract? If so, list the document and date signed:

Minor Children's Information: (Under 18)

*Please indicate which parent each child **resides with**

First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.

Do you have Minor children from a Previous Relationship? No Yes, please provide their

First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.

Do you pay or receive Child Support? No Yes, please provide the support paid and/or received below:

Childs Name	Payer	Recipient	Monthly Support Obligation \$
Childs Name	Payer	Recipient	Monthly Support Obligation \$
Childs Name	Payer	Recipient	Monthly Support Obligation \$
Childs Name	Payer	Recipient	Monthly Support Obligation \$

*** IF YOU HAVE ADDITIONAL CHILDREN, PLEASE LIST ALL INFORMATION ON SEPARATE SHEET***

Does your Spouse have Minor children from a Previous Relationship? No Yes, please provide their

First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.

Does your Spouse pay or receive Child Support? No Yes, please provide the support paid and/or received below:

Child's Name	Payer	Recipient	Monthly Support Obligation \$
Child's Name	Payer	Recipient	Monthly Support Obligation \$
Child's Name	Payer	Recipient	Monthly Support Obligation \$
Child's Name	Payer	Recipient	Monthly Support Obligation \$

*** IF YOUR SPOUSE HAS ADDITIONAL CHILDREN, PLEASE LIST ALL INFORMATION ON SEPARATE SHEET***

REAL ESTATE INFORMATION:

Property Address	City	State	Zip	Purchase Price \$	Purchase Date / /
Balance of Mortgage: \$	Fair Market Value \$	Amount of Down Payment \$	Source of Down Payment		
Monthly Mortgage Payment \$	Are Taxes and Insurance Included in Mortgage Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No, please provide: Amount of Taxes: \$ _____ Amount of Insurance: \$ _____				
Lender Name	Lender Address		City	State	Zip
Who is to receive THIS PROPERTY in Proceedings, you or your spouse?					

*** IF YOU HAVE ADDITIONAL PROPERTY, PLEASE LIST ALL INFORMATION ON A SEPARATE SHEET***

PENSIONS, RETIREMENTS, STOCKS, & IRA INFORMATION:

Name on Account	Type of Account
Account Number	Estimated Value \$
Participant	Participant's Employer
Alternate Payee's Name	Start Date of Benefit

*** PLEASE LIST ADDITIONAL BENEFITS AND ALL INFORMATION ON A SEPARATE SHEET***



Client Financial Declaration

Full Name:

Income

List monthly income and deductions below for you and the other person in your case. If your case involves child support, this same information is required on your Child Support Worksheets. If you do not know the other person's financial information, give an estimate.

Tip: If you do not get paid once a month, or any income is not received once a month, calculate your monthly income like this:
 Monthly income = Weekly x 4.3 or 2-week x 2.15 or Twice a month x 2

Gross Monthly Income (before taxes, deductions, or retirement) **You** **Other Party**

	You	Other Party
Monthly wage/salary	\$	\$
Income from interest and dividend income	\$	\$
Income from business	\$	\$
Spousal support/maintenance received (Paid by: _____)	\$	\$
Other Income	\$	\$

Monthly Deductions

	You	Other Party
Income taxes (federal and state)	\$	\$
FICA (Soc. Sec. + Medicare) or self-employment taxes	\$	\$
State Industrial Insurance (Workers' Comp.)	\$	\$
Mandatory union or professional dues	\$	\$
Mandatory pension plan payments	\$	\$
Voluntary retirement contributions	\$	\$
Spousal support / maintenance paid	\$	\$
Normal business expenses	\$	\$

Other Income (Do not repeat income you already listed above)

Child support received from other relationships	\$	\$
Other income From:	\$	\$
Other income From:	\$	\$

Household Income (Monthly income of other adults living in the home) **Your Home** **Other Party's Home**

Child support received from other relationships	\$	\$
Other income From:	\$	\$
Other income From:	\$	\$

Available Assets (List your liquid assets, like cash, stocks, bonds, that can be easily cashed)

Cash on hand and money in all checking & savings accounts	\$
Stocks, bonds, CDs and other liquid financial accounts	\$
Cash value of life insurance	\$
Other liquid assets	\$

Monthly Expenses

Monthly expenses are (or will be) after separation. If you have dependent children, your expenses must be based on the parenting plan or schedule you expect to have for the children.

Housing Expenses		Utility Expenses	
Rent / Mortgage Payment	\$	Electricity and heating (gas and oil)	\$
Property Tax (if not in monthly payment)	\$	Water, sewer, garbage	\$
Homeowner's or Rental Insurance	\$	Telephone(s)	\$
Other mortgage, contract, or debt payments based on equity in your home	\$	Cable, Internet	\$
Homeowner's Association dues or fees	\$	Other (specify):	\$
Food and Household Expenses		Health Care Expenses	
Groceries for (number of people): _____	\$	Insurance premium (health, vision, dental)	\$
Household supplies (cleaning, paper, pets)	\$	Health, vision, dental, orthodontia, mental health expenses not covered by insurance	\$
Eating out	\$	Other health expenses not covered by insurance	\$
Other (specify):	\$	Life insurance (not deducted from pay)	\$
Personal Expenses (not children's)		Transportation Expenses	
Clothes, Haircare, Personal care	\$	Automobile payment (loan or lease)	\$
Recreation, clubs, gifts	\$	Auto insurance, license, registration	\$
Education, books, magazines	\$	Gas and auto maintenance	\$
Other (specify):	\$	Parking, tolls, public transportation	\$
Children's Expenses		Other Expenses	
Childcare, babysitting	\$	Other (specify):	\$
Clothes, diapers	\$	Other (specify):	\$
Tuition, after-school programs, lessons	\$	Other (specify):	\$
Other expenses for children	\$	Other (specify):	\$

Debts included in Monthly Expenses listed above

Debt for what expense (mortgage, car loan, etc.)	Who do you owe (name of creditor)	Amount you owe this creditor now	Last Monthly Payment made
		\$	Date: 02/28/2024
		\$	Date:
		\$	Date:
		\$	Date:

Monthly payments for other debts (not included in expenses listed in listed on previous page)

Describe Debt (credit card, loan, etc.)	Who do you owe (name of creditor)	Amount you owe this creditor now	Last Monthly Payment made (date and amount)	
			Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$

Explanation of expenses or debts (if any needed):

ATTORNEY FEE AGREEMENT

By signing this agreement, _____, hereafter called "Client", does hereby request, and authorize HAZEL & SCHWAB, INC., P.S. Attorney, Emily Schwab, hereafter called "Attorney", to represent Client as legal counsel in connection with Client's case on the following terms:

Client will pay to Attorney an advanced fee deposit, hereafter called "retainer", of **\$5,000.00**. The retainer will be held in our client trust account and will be utilized to settle invoices generated from work on your case. You will be refunded any balance remaining after representation concludes. Additional fees may be requested at various times during the case. If your trust account balance falls below **\$1,000.00** you must replenish the account before work continues. There must be enough funds in trust to cover services performed and anticipated services to be rendered. If you are unable to comply, the Attorney reserves the right to cease work on the case and withdraw.

This agreement shall become effective upon signing by both the firm and yourself, and upon receipt of full payment. Your signature on this agreement indicates your understanding that the retainer serves to reserve the availability of the Attorney for representing you and constitutes a preliminary payment.

Upon receipt of the retainer, your account will reflect a credit for the amount paid, with charges debited accordingly. By accepting the advanced fee deposit, you acknowledge that it constitutes payment to the Attorney, who, upon acceptance, assumes the role of your legal representative.

Invoices are sent electronically, unless you request a copy by mail, detailing services performed, fees charged, and costs incurred on your behalf. Any balance owed will first be deducted from the client's trust account. Payment is due upon receipt. You have three days from the invoice date to dispute the charges or pay in full. If payment is not received and you do not dispute the invoice in writing within three days, the fees and costs will be deemed approved, and funds will be withdrawn from your trust balance to cover the balance due. If your trust account has insufficient funds, we will charge the card on file. You agree to maintain a credit card on file with our office. You understand and agree that outstanding balances at withdrawal will be billed to the card on file. If you do not have a card on file, you are required to immediately provide a new payment method. Failure to do so may result in the suspension of services until the outstanding balance is settled or withdrawal from your case. Any debit balance will incur interest at 12% per annum. Payments are due as shown on the invoice or statement once the retainer is fully consumed, plus any incurred costs (see attached explanation). Payments are due on the first day of each month until the case concludes. After closing your file, any outstanding balance must be paid within 30 days of the withdrawal's effective date.

An additional retainer will be required prior to a trial. If your case does not settle, you agree to deposit an additional advanced fee deposit 60 days prior to trial. The total trial retainer amount will be determined based on our estimated cost of trial. At a minimum, \$5,000.00 is required for each anticipated day of trial. If you do not make the trial deposit, you understand and agree that we will withdraw from your case.

If an account accrues a debit that is not immediately satisfied or for which a payment plan is not arranged, Hazel & Schwab, Inc., P.S. reserves the right to pursue collection actions. In such cases, the Client agrees to cooperate with collection efforts, including providing updated contact and payment information. Any costs incurred during the collection process, including but not limited to collection agency fees and legal expenses, will be the responsibility of the Client and may be added to the outstanding balance.

Client acknowledges receipt of the attached Explanation of Charges, showing how the account will be billed, and agrees to its terms. The amounts listed may be adjusted depending upon the amount of time necessary to complete the task. If client requests that the client's file or any part of the file be sent to anyone outside this office, including client, client agrees to pay all copying expenses in advance.

Client Signature Date

Emily Schwab, Attorney at Law Date

EXPLANATION OF CHARGES

(JIS) Judicial Information System Form	\$50.00	Motion & Order for Contempt	\$150.00
Acceptance of Service	\$25.00	Motion & Order for Immediate Restraining Order	\$250.00
Affidavit of Mailing	\$30.00	Motion & Order of Default	\$150.00
Amendment	\$30.00	New Client Intake (varies *\$50 minimum)	\$50.00
Attend Deposition	\$175.00	Note for Settlement Conference	\$75.00
Child Support Order	\$150.00	Note for Trial	\$75.00
Child Support Worksheet	\$100.00	Notice of Appearance	\$30.00
Closing Client File	\$50.00	Notice of Hearing	\$30.00
Conference	Hourly Rate	Notice of Presentation	\$30.00
Confidential Information Form	\$50.00	Notice of Withdrawal	\$30.00
Copy of Court File	\$50.00	Parenting Plan	\$175.00
Court Ex Parte'	\$100.00	Photocopies (each)	\$0.25
Court Hearing	\$300.00	Position Statement (hourly)	Hourly Rate
Declaration	Hourly Rate	Prepare Letter (varies *\$50 minimum)	\$50.00
Deposition	\$175.00	Prepare Response	\$100.00
Email Correspondence (varies *\$3.00 minimum)	\$3.00 min.	Request for Production Review and Compilation	Hourly Rate
ER 904	\$50.00	Sealed Financial Source Document	\$30.00
Final Divorce Order	\$150.00	Settlement Conference	\$250.00
Financial Declaration	\$150.00	Subpoena	\$50.00
Findings of Fact	\$150.00	Summons and Petition	\$250.00
Information for Parenting Plan	\$50.00	Telephone Call (varies *\$5.00 minimum)	\$20.00
Initial Consultation	\$100.00	Trial (Full Day)	\$2,500.00
Interrogatories (hourly)	Hourly Rate	Trial (Half Day)	\$1,500.00
Administration Personnel Hourly Rate	\$100.00	Trial Notebook	\$250.00
Late Fee	\$25.00	Trial Preparation (varies)	\$2,500.00
Mediation (Full Day) Attorney Fee	\$1,500.00	Witness List	\$50.00
Mediation (Half Day) Attorney Fee	\$750.00	Case Manager / Paralegal Hourly Rate	\$150.00
Attorney Hourly Rate	\$300.00	*All Other Charges subject to hourly rates	

*All above charges indicates minimum billing amount

Costs incurred to other persons/businesses, such as process servers, photocopy services, appraisers, accountants, counselors, court reporters, etc. (cost must be paid in advance or upon receipt of bill).

Fees and costs are subject to change without notice. Services not specified above are subject to hourly rates.



New Client Intake Packet for Modification / Parentage

We are honored to work for you. We understand family law matters can involve significant financial implications, strong emotional attachments, and tense family dynamics. It is often these elements, rather than the law itself, that complicates family law matters for our clients. From divorces to child custody disputes, it may seem impossible to bear the burden of these issues on your own.

That's where we come in. We are here to provide you with the client-focused service, legal expertise, and compassionate support you need to resolve your case and ensure the best possible outcome for you, your children, and all other involved parties.

Let's get started. This is our New Client Intake Packet. Please complete all fields and provide the information requested. This provides us with the necessary tools and information to get started on your case.

LIST OF DOCUMENTS NEEDED FROM YOU:

- Your federal income tax returns for the past three years with W-2's and 1099 forms.
- Your recent pay stub with current year to date information
- Other parents most recent pay stub with current and year to date information.
- Copy of child's birth certificate & Acknowledgment of Paternity
- Childcare bill
- Health Insurance cost for child

PLEASE DO NOT LEAVE ANY BOXES BLANK.

IF A SECTION DOES NOT APPLY, PLEASE INDICATE WITH "N/A" OR "NOT APPLICABLE"

Thank you!

Client Information

Full Name		Date of Birth	Social Security No.			
Phone Number	Street Address		City	State Zip		
Mailing Address is the same <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailing Address	City	State Zip		
Email Address				Place of Birth (City and State)		
Maiden Name		Other Names Used:				
Highest year of education completed:			Military Service (which services) and Dates Served:			
Do you suffer from any drug or alcohol problems? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:						
Health problems:						
Do you have health problems that affect your employment? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:						
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:						
Last day worked (Month/Year) _____						
Current or Most Recent Employer		Employer Address City State Zip				
Start Date (Month/Year)	Job Title/Occupation	Monthly Gross Income \$	Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly			
Current Work Schedule:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you receiving any other income (2nd Job, Rental, Child Support)?						
Please indicate other types of income and the monthly amount received.						
				\$		
				\$		
				\$		
				\$		
Are you receiving any State Assistance or other Benefits?						
Please indicate what benefits and the monthly dollar amount received.						
				\$		
				\$		
				\$		

OTHER PARTY'S INFORMATION:

Full Name				Maiden Name						
Physical Address			City	State	Zip	Mailing Address	City	State		
						Zip				
Date of Birth		Place of Birth (City and State)		Social Security No.		Phone Number				
Email Address										
Highest year of education completed:				Military Service (which services) and Dates Served:						
Does the Other Party suffer from any drug or alcohol problems? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:										
Does the Other Party have any Health Problems? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list:										
Does the Other Party have any Health Problems that affects their employment? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:										
Is the Other Party presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why the Other Party is currently unemployed:										
Last day worked (Month/Year) _____										
Current or Most Recent Employer				Employer Address				City	State	Zip
Start Date (Month/Year)		Job Title/Occupation			Monthly Gross Income		Pay Frequency			
					\$		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly			
Other Party's Current Work Schedule:										
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Is the Other Party receiving any other income (2nd Job, Rental, Child Support)? Please indicate other types of income and amounts.										
							\$			
							\$			
							\$			
Is the Other Party receiving any State Assistance? Please indicate what benefits and the monthly dollar amount received.										
							\$			
							\$			

CHILDREN'S INFORMATION:

Number of children you have:	Number of Children Shared:	Number of Children Other Party has:
Information of Minor Children Shared: (Under 18)		*Please indicate which parent each child resides with
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F
What has the visitation been?		Date visitation was last ordered
Who provides Health Insurance?	Monthly Premium \$	Date of Last Parenting Plan
Who gets Tax Exemption?		County / State
Do you pay or receive Child Support?		Date of last support order:
<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the support paid and/or received below:		
Childs Name	Payer	Recipient
Childs Name	Payer	Recipient
Childs Name	Payer	Recipient
Childs Name	Payer	Recipient
Do you have Minor children from a Previous Relationship? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide their		
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F

*** IF YOU HAVE ADDITIONAL CHILDREN, PLEASE LIST ALL INFORMATION ON SEPARATE SHEET***

Does the Other Party have Minor children from a Previous Relationship? No Yes, please provide their

First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.
First Name, Middle Initial, Last Name	Resides with	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security No.

Does the Other Party pay or receive Child Support? No Yes, please provide the support paid and/or received below:

Childs Name	Payer	Recipient	Monthly Support Obligation \$
Childs Name	Payer	Recipient	Monthly Support Obligation \$
Childs Name	Payer	Recipient	Monthly Support Obligation \$
Childs Name	Payer	Recipient	Monthly Support Obligation \$

*** IF OTHER PARTY HAS ADDITIONAL CHILDREN, PLEASE LIST ALL INFORMATION ON SEPARATE ***



Client Financial Declaration

Full Name:

Income

List monthly income and deductions below for you and the other person in your case. If your case involves child support, this same information is required on your Child Support Worksheets. If you do not know the other person's financial information, give an estimate.

Tip: If you do not get paid once a month, or any income is not received once a month, calculate your monthly income like this:

Monthly income = Weekly x 4.3 or 2-week x 2.15 or Twice a month x 2

Gross Monthly Income (before taxes, deductions, or retirement) **You** **Other Party**

	You	Other Party
Monthly wage/salary	\$	\$
Income from interest and dividend income	\$	\$
Income from business	\$	\$
Spousal support/maintenance received (Paid by: _____)	\$	\$
Other Income	\$	\$

Monthly Deductions

	You	Other Party
Income taxes (federal and state)	\$	\$
FICA (Soc. Sec. + Medicare) or self-employment taxes	\$	\$
State Industrial Insurance (Workers' Comp.)	\$	\$
Mandatory union or professional dues	\$	\$
Mandatory pension plan payments	\$	\$
Voluntary retirement contributions	\$	\$
Spousal support / maintenance paid	\$	\$
Normal business expenses	\$	\$

Other Income (Do not repeat income you already listed above)

Child support received from other relationships	\$	\$
Other income From:	\$	\$
Other income From:	\$	\$

Household Income (Monthly income of other adults living in the home) **Your Home** **Other Party's Home**

Child support received from other relationships	\$	\$
Other income From:	\$	\$
Other income From:	\$	\$

Available Assets (List your liquid assets, like cash, stocks, bonds, that can be easily cashed)

Cash on hand and money in all checking & savings accounts	\$
Stocks, bonds, CDs and other liquid financial accounts	\$
Cash value of life insurance	\$
Other liquid assets	\$

Monthly Expenses

Monthly expenses are (or will be) after separation. If you have dependent children, your expenses must be based on the parenting plan or schedule you expect to have for the children.

Housing Expenses		Utility Expenses	
Rent / Mortgage Payment	\$	Electricity and heating (gas and oil)	\$
Property Tax (if not in monthly payment)	\$	Water, sewer, garbage	\$
Homeowner's or Rental Insurance	\$	Telephone(s)	\$
Other mortgage, contract, or debt payments based on equity in your home	\$	Cable, Internet	\$
Homeowner's Association dues or fees	\$	Other (specify):	\$
Food and Household Expenses		Health Care Expenses	
Groceries for (number of people): _____	\$	Insurance premium (health, vision, dental)	\$
Household supplies (cleaning, paper, pets)	\$	Health, vision, dental, orthodontia, mental health expenses not covered by insurance	\$
Eating out	\$	Other health expenses not covered by insurance	\$
Other (specify):	\$	Life insurance (not deducted from pay)	\$
Personal Expenses (not children's)		Transportation Expenses	
Clothes, Haircare, Personal care	\$	Automobile payment (loan or lease)	\$
Recreation, clubs, gifts	\$	Auto insurance, license, registration	\$
Education, books, magazines	\$	Gas and auto maintenance	\$
Other (specify):	\$	Parking, tolls, public transportation	\$
Children's Expenses		Other Expenses	
Childcare, babysitting	\$	Other (specify):	\$
Clothes, diapers	\$	Other (specify):	\$
Tuition, after-school programs, lessons	\$	Other (specify):	\$
Other expenses for children	\$	Other (specify):	\$

Debts included in Monthly Expenses listed above

Debt for what expense (mortgage, car loan, etc.)	Who do you owe (name of creditor)	Amount you owe this creditor now	Last Monthly Payment made
		\$	Date:
		\$	Date:
		\$	Date:
		\$	Date:

Monthly payments for other debts (not included in expenses listed in listed on previous page)

Describe Debt (credit card, loan, etc.)	Who do you owe (name of creditor)	Amount you owe this creditor now	Last Monthly Payment made (date and amount)	
			Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$

Explanation of expenses or debts (if any needed):

ATTORNEY FEE AGREEMENT

By signing this agreement, _____, hereafter called "Client", does hereby request, and authorize HAZEL & SCHWAB, INC., P.S. Attorney, Emily Schwab, hereafter called "Attorney", to represent Client as legal counsel in connection with Client's case on the following terms:

Client will pay to Attorney an advanced fee deposit, hereafter called "retainer", of **\$5,000.00**. The retainer will be held in our client trust account and will be utilized to settle invoices generated from work on your case. You will be refunded any balance remaining after representation concludes. Additional fees may be requested at various times during the case. If your trust account balance falls below **\$1,000.00** you must replenish the account before work continues. There must be enough funds in trust to cover services performed and anticipated services to be rendered. If you are unable to comply, the Attorney reserves the right to cease work on the case and withdraw.

This agreement shall become effective upon signing by both the firm and yourself, and upon receipt of full payment. Your signature on this agreement indicates your understanding that the retainer serves to reserve the availability of the Attorney for representing you and constitutes a preliminary payment.

Upon receipt of the retainer, your account will reflect a credit for the amount paid, with charges debited accordingly. By accepting the advanced fee deposit, you acknowledge that it constitutes payment to the Attorney, who, upon acceptance, assumes the role of your legal representative.

Invoices are sent electronically, unless you request a copy by mail, detailing services performed, fees charged, and costs incurred on your behalf. Any balance owed will first be deducted from the client's trust account. Payment is due upon receipt. You have three days from the invoice date to dispute the charges or pay in full. If payment is not received and you do not dispute the invoice in writing within three days, the fees and costs will be deemed approved, and funds will be withdrawn from your trust balance to cover the balance due. If your trust account has insufficient funds, we will charge the card on file. You agree to maintain a credit card on file with our office. You understand and agree that outstanding balances at withdrawal will be billed to the card on file. If you do not have a card on file, you are required to immediately provide a new payment method. Failure to do so may result in the suspension of services until the outstanding balance is settled or withdrawal from your case. Any debit balance will incur interest at 12% per annum. Payments are due as shown on the invoice or statement once the retainer is fully consumed, plus any incurred costs (see attached explanation). Payments are due on the first day of each month until the case concludes. After closing your file, any outstanding balance must be paid within 30 days of the withdrawal's effective date.

An additional retainer will be required prior to a trial. If your case does not settle, you agree to deposit an additional advanced fee deposit 60 days prior to trial. The total trial retainer amount will be determined based on our estimated cost of trial. At a minimum, \$5,000.00 is required for each anticipated day of trial. If you do not make the trial deposit, you understand and agree that we will withdraw from your case.

If an account accrues a debit that is not immediately satisfied or for which a payment plan is not arranged, Hazel & Schwab, Inc., P.S. reserves the right to pursue collection actions. In such cases, the Client agrees to cooperate with collection efforts, including providing updated contact and payment information. Any costs incurred during the collection process, including but not limited to collection agency fees and legal expenses, will be the responsibility of the Client and may be added to the outstanding balance.

Client acknowledges receipt of the attached Explanation of Charges, showing how the account will be billed, and agrees to its terms. The amounts listed may be adjusted depending upon the amount of time necessary to complete the task. If client requests that the client's file or any part of the file be sent to anyone outside this office, including client, client agrees to pay all copying expenses in advance.

Client Signature

Date

Emily Schwab, Attorney at Law

Date

EXPLANATION OF CHARGES

(JIS) Judicial Information System Form	\$50.00	Motion & Order for Contempt	\$150.00
Acceptance of Service	\$25.00	Motion & Order for Immediate Restraining Order	\$250.00
Affidavit of Mailing	\$30.00	Motion & Order of Default	\$150.00
Amendment	\$30.00	New Client Intake (varies *\$50 minimum)	\$50.00
Attend Deposition	\$175.00	Note for Settlement Conference	\$75.00
Child Support Order	\$150.00	Note for Trial	\$75.00
Child Support Worksheet	\$100.00	Notice of Appearance	\$30.00
Closing Client File	\$50.00	Notice of Hearing	\$30.00
Conference	Hourly Rate	Notice of Presentation	\$30.00
Confidential Information Form	\$50.00	Notice of Withdrawal	\$30.00
Copy of Court File	\$50.00	Parenting Plan	\$175.00
Court Ex Parte'	\$100.00	Photocopies (each)	\$0.25
Court Hearing	\$300.00	Position Statement (hourly)	Hourly Rate
Declaration	Hourly Rate	Prepare Letter (varies *\$50 minimum)	\$50.00
Deposition	\$175.00	Prepare Response	\$100.00
Email Correspondence (varies *\$3.00 minimum)	\$3.00 min.	Request for Production Review and Compilation	Hourly Rate
ER 904	\$50.00	Sealed Financial Source Document	\$30.00
Final Divorce Order	\$150.00	Settlement Conference	\$250.00
Financial Declaration	\$150.00	Subpoena	\$50.00
Findings of Fact	\$150.00	Summons and Petition	\$250.00
Information for Parenting Plan	\$50.00	Telephone Call (varies *\$5.00 minimum)	\$20.00
Initial Consultation	\$100.00	Trial (Full Day)	\$2,500.00
Interrogatories (hourly)	Hourly Rate	Trial (Half Day)	\$1,500.00
Administration Personnel Hourly Rate	\$100.00	Trial Notebook	\$250.00
Late Fee	\$25.00	Trial Preparation (varies)	\$2,500.00
Mediation (Full Day) Attorney Fee	\$1,500.00	Witness List	\$50.00
Mediation (Half Day) Attorney Fee	\$750.00	Case Manager / Paralegal Hourly Rate	\$150.00
Attorney Hourly Rate	\$300.00	*All Other Charges subject to hourly rates	

*All above charges indicates minimum billing amount

Costs incurred to other persons/businesses, such as process servers, photocopy services, appraisers, accountants, counselors, court reporters, etc. (cost must be paid in advance or upon receipt of bill).

Fees and costs are subject to change without notice. Services not specified above are subject to hourly rates.