

**OFFICE USE ONLY**

Appt Time: \_\_\_\_\_  
:JWM :MJM : JEF : GLS  
: EM : TM : SRC

# Mertes & Mertes, P.C.

Attorneys at Law  
815.626.1500

## Pre-Appointment Information Sheet: Domestic

INSTRUCTIONS: Please fully and accurately complete this Pre-Appointment Information Sheet in advance of your initial appointment with the attorney. All information provided will be maintained as strictly confidential.

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

Name: \_\_\_\_\_  
                                First                                Middle                                Last

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Street Address                                Apartment No.  
\_\_\_\_\_  
                                City                                State                                Zip Code

Telephone (Home): (\_\_\_\_\_) \_\_\_\_\_ Telephone (Work): (\_\_\_\_\_) \_\_\_\_\_

Telephone (Mobile): (\_\_\_\_\_) \_\_\_\_\_ Telefacsimile: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Is this e-mail address used only by the client: : Yes : No

May this e-mail address be used for confidential attorney/client communications? : Yes : No

Preference for communication: : Home Phone : Mobile Phone : Work Phone : E-mail

How or by whom were you referred to this office?

- : Word of mouth : Phone book : Webpage : Prior Representation : Courtroom Observation
- : Referral (please specify): \_\_\_\_\_
- : Other (please specify): \_\_\_\_\_

Which attorney do you seek to meet with today?

- : James W. Mertes : Magen J. Mertes : James E. Fagerman : Gary L. Spencer

Please identify the nature of the domestic proceedings for which you now seek representation:

- : New divorce (children involved)
- : New divorce (no children involved)
- : Paternity
- : Post-Dissolution or Post-Judgment proceedings (specify nature as follows:
  - : Modification of custody or visitation
  - : Modification of child support
  - : Contempt proceedings/Enforcement of existing court order
- : Order of Protection or Stalking No Contact Order
- : Other (please specify): \_\_\_\_\_

YOUR BACKGROUND INFORMATION

Please state the following background information as to yourself:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                    First                    Middle                    Last

Place of birth: \_\_\_\_\_  
Highest Grade/Level of Education (circle one): 8 9 10 11 12 13 14 15 16 Graduate  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you been married previously? : Yes : No If yes, how many times? \_\_\_\_\_  
Maiden name (if applicable): \_\_\_\_\_

Employer: \_\_\_\_\_  
                    Employer name  
                    \_\_\_\_\_  
                    Street Address  
                    \_\_\_\_\_  
                    City                                    State                                    Zip Code

Job Title: \_\_\_\_\_  
Length of Employment \_\_\_\_\_  
Length of Residency in State of Illinois: \_\_\_\_\_

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ADVERSE PARTY INFORMATION

Please state the following background information as to adverse party:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                    First                    Middle                    Last

Home address: \_\_\_\_\_  
                    Street Address                    City                    State                    Zip code

Place of birth: \_\_\_\_\_  
Highest Grade/Level of Education (circle one): 8 9 10 11 12 13 14 15 16 Graduate  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has adverse party been married previously? : Yes : No If yes, how many times? \_\_\_\_\_  
Maiden name (if applicable): \_\_\_\_\_

Employer: \_\_\_\_\_  
                    Employer name  
                    \_\_\_\_\_  
                    Street Address  
                    \_\_\_\_\_  
                    City                                    State                                    Zip Code

Job Title: \_\_\_\_\_  
Length of Employment \_\_\_\_\_  
Length of Residency in State of Illinois: \_\_\_\_\_

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**Children of Your Relationship with Adverse Party**

Do you and the adverse party have any children in common? : Yes : No

If you and the adverse party have any children in common, for each child state the full name (first, middle, last), date of birth, and school or pre-school in which child is enrolled, if applicable.

<u>Child</u>			<u>Date of Birth</u>	<u>School</u>
_____	_____	_____	_____	_____
First	Middle	Last		
_____	_____	_____	_____	_____
First	Middle	Last		
_____	_____	_____	_____	_____
First	Middle	Last		
_____	_____	_____	_____	_____
First	Middle	Last		

**Stepchildren**

Do you or the adverse party have any children of other relationships? : Yes : No

If you or the adverse party have any children of other relationships, then for each such child state the full name (first, middle, last), date of birth, and whether the child is yours or adverse party's.

<u>Child</u>			<u>Date of Birth</u>	<u>Parent</u>
_____	_____	_____	_____	_____
First	Middle	Last		
_____	_____	_____	_____	_____
First	Middle	Last		
_____	_____	_____	_____	_____
First	Middle	Last		
_____	_____	_____	_____	_____
First	Middle	Last		

If this case involves a divorce or post-divorce matter, please state the following:

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

If this case involves a post-divorce matter, please state the following:

Date of Divorce: \_\_\_\_\_

County of Divorce: \_\_\_\_\_

Attorney for Adverse Party: \_\_\_\_\_

Are you currently or have you ever been represented by another attorney in this same matter? : Yes : No

If so, whom? \_\_\_\_\_