

CAMAUR CRAMPTON FAMILY LAW  
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**INITIAL CONSULTATION INTAKE FORM**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(CEL) \_\_\_\_\_ I PREFER YOU CALL ME AT: \_\_\_\_\_

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

OCCUPATION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

HOME ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

OTHER PARTY'S NAME & DATE OF BIRTH: \_\_\_\_\_

MINOR CHILDREN'S NAMES AND DATES OF BIRTH:  
\_\_\_\_\_  
\_\_\_\_\_

HOW YOU WERE REFERRED TO OUR OFFICE: \_\_\_\_\_

THE FEE FOR THE CONSULTATION IS \$50.00 FOR THE FIRST 30 MINUTES AND \$70.00 FOR EACH TEN MINUTES THEREAFTER (\$420.00 PER HOUR THEREAFTER). I UNDERSTAND THAT THIS INITIAL CONSULTATION IS FOR ADVICE ONLY AND THAT ELISABETH CAMAUR DOES NOT REPRESENT ME UNTIL WE HAVE ENTERED A SEPARATE FEE/RETAINER AGREEMENT. THE FEE FOR THE CONSULTATION IS DUE AND PAYABLE AT THE TIME OF THE CONSULTATION.

\_\_\_\_\_  
CLIENT