

SULLIVAN LAW OFFICE

Alaina S. Sullivan, Esq.

Sullivan Law Office Intake Form

Please complete the following questions and bring form with you to your initial consultation or mail to Sullivan Law Office, P.O. Box 1387, Greenwood, IN 46142.

Name: _____ Date: _____

Reason for Intake Application: _____

Have you previously been to court for this matter? _____ Where: _____

What was the date of your last hearing? _____ Upcoming hearings? _____

Cause number: _____ Previous counsel: _____

Briefly describe your legal matter:

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Age: _____ Date of Birth: _____ SSN: _____

Email address: _____

Employer: _____ Job Title: _____

Length of employment: _____ Phone: _____

Income: _____ Additional income: _____

Are you currently pregnant? _____ Resident of Indiana for last 6 months? _____

County of residence: _____ How long have you lived in county? _____

Date of Marriage: _____ Separation: _____ Divorce: _____

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Opposing Party: Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: Home: _____ **Cell:** _____ **Work:** _____

Age: _____ **Date of Birth:** _____ **SSN:** _____

Email address: _____

Employer: _____ **Job Title:** _____

Length of employment: _____ **Phone:** _____

Income: _____ **Additional income:** _____

Children:	Name	DOB	SSN:	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____