



Tiffany N. Provence, Esq.
James H. Messervy, Sr., Esq.
David E. Causey, Esq.

Home Office & Mailing Address:
504 W. 5th North Street
Summerville, SC 29483

Phone: (843) 871-9500 • Website: PMCLawFirm.com • Fax: (843) 242-9455

FAMILY LAW INTAKE FORM

No one knows the facts of your case better than you and in order to properly advise you, I must be familiar as possible with these facts. It is necessary for you to provide the following information as fully and accurately as possible. It is essential for you to be forthright and honest with our office, regardless of how trivial or potentially embarrassing the facts of your case may seem.

Date: _____

INFORMATION ABOUT YOU

Full Name: _____ Age: _____
(First) (Middle) (Last)

Address:

Street Apt City State Zip Code

****Note: Correspondence and documents maybe sent to you at this address. Please do not list an address where mail could be retrieved by the opposing party.***

County of Residence: _____

How long have you lived in South Carolina? _____

Date of Birth: _____ Place of Birth: _____ (County/State)

Phone Numbers: Cell: (_____) _____ Home: (_____) _____

Email Address: _____ Social Security # _____

Occupation: _____ Phone Number: _____

May we contact you at this number? _____

Employer: _____ Income: _____

Employer Address: _____

Educational Background (Highest Degree or certification): _____

Please list any other sources of income and amounts received: _____

Has anyone in your household ever been investigated by Social Services? _____

If yes, please explain:

If a Divorce Decree is obtained, do you want to resume use of your maiden name? _____

If yes, print name **EXACTLY** as you wish it to appear: _____

Are you on any social media accounts? Please circle all that apply.

Facebook	Instagram	Flickr	Ask.fm
MySpace	Pinterest	Vine	Meetme
Twitter	Tumblr	Meetup	Classmates
LinkedIn	VK	Tagged	Other: _____

Are you on any dating websites? _____ If yes, please list. _____

Do you have a girlfriend/boyfriend? _____ If yes, what is his/her name? _____

Does he/she live with you? _____

INFORMATION ABOUT SPOUSE AND/OR OPPOSING PARTY

Full Name: _____ Age: _____
 First Middle Maiden Last

Date of Birth: _____ Place of Birth: _____ (County/State)

Social Security # _____ DL Number & Issuing State: _____

Address:

Street Apt City State Zip Code

County of Residence: _____

How long have they lived in South Carolina?: _____

Date of Birth: _____ Place of Birth: _____ (County/State)

Occupation: _____ Employer: _____ Income: _____

Please list all social media and/or dating accounts:

Are you aware of a girlfriend/boyfriend? _____ If yes, what is his/her name? _____

Do they live together? _____

Educational Background (Highest Degree or certification): _____

Please list any other sources of income and amounts received: _____

Anyone in household ever been investigated by Social Services? _____

If yes, please explain:

Opposing party's attorney:

Please provide any further information you believe would be helpful:

INFORMATION ABOUT YOUR CASE

- Divorce or Separation (Separate Support and Maintenance)
- Custody or Child Support
- Modification of a prior order
- Name Change
- Adoption
- Other: _____

Have you been served with legal documents?: Yes No

If yes, type of documents and date: _____

Are you currently married to the other party?:

- Yes
- No --> Divorced on _____ (Date, County, State)
- Never married

MARRIAGE

Date of Marriage: _____ Place of Marriage: _____
County State

Are you separated from the opposing party? (not living in the same house) _____

If yes, please provide the date of separation _____

In what county did you last live with the opposing party? _____

Have you or your spouse signed any documents relating to the marriage or separation, such as a prenuptial and/or postnuptial agreement? _____ *If yes, please provide a copy of the document(s).*

Number of this marriage for you: _____

Number of this marriage for your spouse: _____

Name(s) of any previous spouse(s) for either party: _____

INFORMATION ABOUT THE CHILDREN

Children’s names and dates of birth of this marriage or relationship:

Name & SSN: _____ DOB: _____ AGE: _____

Name & SSN : _____ DOB: _____ AGE: _____

Name & SSN: _____ DOB: _____ AGE: _____

Name & SSN: _____ DOB: _____ AGE: _____

Where are the children currently residing? _____

Who is currently providing financial support for the child(ren)? _____

Do you anticipate a dispute about custody of the child(ren)? _____

Does either party have child(ren) from a prior relationship? If yes, please provide the names and ages of each child and specify which parent is biological.

How did you hear about our office? Please include search words if you found us online:

INITIAL CONSULTATION AGREEMENT

- Please note that our first meeting is an initial consultation only. It does not establish an attorney-client relationship between you and Provence Messervy, LLC.
- **The initial consultation lasts approximately one (1) hour. The cost for this consultation is \$80.00, payable via cash.**
- Following your initial consultation, if you agree to hire the attorney and the attorney agrees to represent you, you will both sign a Retainer Agreement. The Retainer Agreement will set forth the terms and conditions of the representation.
- The retainer fee quoted at the conclusion of your initial consultation is quoted on a case-by-case basis, based on the jurisdictional county, the documents necessary to be filed, and the details of your case.

- If for whatever reason the attorney is unable to represent you, the attorney does not represent you with regard to the matter set forth by you on this intake form, nor any other matters you may discuss with the attorney during your initial consultation. If your legal problem(s) involve a potential lawsuit, is it important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitation. Therefore, the attorney strongly urges you to immediately consult with another attorney to protect your rights. The attorney's inability to represent you should not be taken by you as an expression regarding the merits of your case.
- *This office does not represent you with regard to the matters set forth by you herein in this intake sheet or discussed during your initial consultation unless and until both you and attorney execute a formal Retainer Agreement.*
- By your signature below, you acknowledge that you have read this entire document, that the information provided is true and accurate, and you understand that submission of this information does not constitute an attorney-client relationship.

Name (please print)

Date

Signature

For office use

Date of Initial Consultation: _____

Office Location: _____

Retainer quoted: _____

Details, if any: _____