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This section for firm use only. Clio: _____ Spreadsheet: _____

Conflict Check: _____ Consulting Attorney: _____ Quoted Retainer: \$ _____ Retained: Y N Follow-Up: _____

FAMILY LAW

This intake form is confidential. Complete all applicable sections. Please print legibly.

Referred By: Google Bing Yelp Echopages YP.com Other: _____

YOUR INFORMATION

Date: _____ Nature of Matter: _____

Name: _____
(Last) (First) (MI)

DOB: _____ SS#: _____ DL #: _____ DL State: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ # of Years as CO Resident: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Email: _____ *(Please provide an email address you use regularly.)*

Employer: _____ # of Years Employed: _____

Member of the U.S. Armed Services? Y N Branch: _____ Rank: _____ Active Duty or Reserve: _____

Monthly Gross Income: \$ _____ Have you filed taxes for the most recent tax year? Y N

Do you receive benefits/public aid from the state? Y N If yes, describe: _____

ADDITIONAL QUESTIONS

Has there been a restraining order in place between you and the other party anytime within the past 2 years? Y N

If yes, please explain: _____

Have you and the other party discussed or made any arrangements related to the matter on your own? Y N

If yes, please explain: _____

Are there any emergency issues, upcoming hearings, etc., that need to be addressed during your consultation? Y N

If yes, please explain: _____

We will only contact you using the information you provide and confirm to be a safe method of contact. Please note that McKinney & Associates, P.C. does not represent you until/unless you have signed a valid fee agreement and paid a retainer to our office.