

DATE: \_\_\_\_\_ MARY-ANN SMYTH  
ATTORNEY AT LAW

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Last Name First Middle Maiden

Place of birth \_\_\_\_\_  
City County State Country

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_

I authorize emails concerning my case.  I authorize emails of general interest from Mary-Ann Smyth.  
 I authorize a follow up call regarding my consultation. If yes, please list a contact number.

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address of Employment: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Annual Salary \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ (Maiden name) \_\_\_\_\_ DOB: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

What legal action(s) were you involved in previously, if any?

Have you or family member been involved in any type of accident in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have a will? Yes \_\_\_\_\_ No \_\_\_\_\_

**Purpose of visit today:** \_\_\_\_\_

**HOW WERE YOU REFERRED TO US? (Circle one)** Office Sign I'm a Previous Client Bar Association Billboard

Website Phonebook: name of book \_\_\_\_\_

Friend: Name of Friend \_\_\_\_\_ Other: \_\_\_\_\_

Mary-Ann Smyth Employee: Name \_\_\_\_\_ An Attorney: Name of attorney \_\_\_\_\_

FOR OFFICE USE ONLY:

INTERVIEWING ATTY \_\_\_\_\_ CONFLICT CHECK \_\_\_\_\_

FEE QUOTED \_\_\_\_\_ COST QUOTED \_\_\_\_\_

DOWN PAYMENT QUOTED \_\_\_\_\_

Interview Date: \_\_\_\_\_ Conflicts: \_\_\_\_\_ Initials: \_\_\_\_\_



3. Full Name: \_\_\_\_\_  
First Middle Last  
 Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
City County State

3. Full Name: \_\_\_\_\_  
First Middle Last  
 Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
City County State

Who presently provides health insurance for the child(ren)? Client or Spouse  
 Monthly Fee: \$ \_\_\_\_\_

**DEBTS OF PARTIES:  
 VEHICLES**

Yours: \_\_\_\_\_  
Year Make Model Vehicle Identification No.

Spouse: \_\_\_\_\_  
Year Make Model Vehicle Identification No.

**PROPERTY OF PARTIES:**

Is your property already divided by agreement? YES or NO  
 Are you buying or do you own a house? YES or NO  
 Does either party have retirement benefits/stocks of any kind? YES or NO

**NAME CHANGE REQUEST:**

Are you requesting the Court to grant a name change? YES or NO

New Full Name Requested: \_\_\_\_\_  
First Middle Last

**OTHER INFORMATION:**

Does your case involve allegations of:

Physical Violence	_____
Criminal Record	_____
Excessive Alcohol Use	_____
Adultery	_____
Use of Illegal Drugs	_____
Child Abuse	_____
Financial Problems	_____
Computer Abuse	_____

If Physical violence, has a Protective Order ever been Issued? YES or NO  
If so, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with any crime other than traffic tickets? YES or NO  
If so, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your spouse ever been charged with any crime other than traffic tickets? YES or NO  
If so, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there other circumstances which may be a factor in your case? YES or NO  
If so, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office? If so, please explain fully when, where, and why.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed Bankruptcy? If so, please explain where, when, and the disposition.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Have you or any one associated with this case been the subject of a: (circle any applicable)
- |  |   |
|--|---|
| a) Protective Order                        | g) Welfare or Aid to Families with Dependent Children |
| b) Restraining Order                       | h) Common-Law or Informal Marriage                    |
| c) Child Protective Services Investigation | i) Termination of Parental Rights                     |
| d) Mental Health Professional Treatment    | j) Prenuptial Agreement or Partitioning Agreement     |
| e) Questionable Paternity Status           | k) Personal Injury Lawsuits                           |
| f) Substance Abuse Treatment               |   |

If any circled, please explain:

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**OFFICE USE ONLY**

Uncontested Divorce: \_\_\_\_\_  
Contested Divorce: \_\_\_\_\_  
Child Custody: \_\_\_\_\_  
Other: \_\_\_\_\_  
Petition: \_\_\_\_\_  
Answer: \_\_\_\_\_  
Waiver: \_\_\_\_\_  
Temporary Restraining Order: \_\_\_\_\_  
Protective Order: \_\_\_\_\_  
Adultery: \_\_\_\_\_  
Other: \_\_\_\_\_  
No Service: \_\_\_\_\_  
Personal Service: \_\_\_\_\_  
    Home \_\_\_\_\_  
    Work \_\_\_\_\_  
    Time \_\_\_\_\_  
Alternate Service: \_\_\_\_\_  
    Warning Order \_\_\_\_\_  
    GAL \_\_\_\_\_

Uncontested Retainer:	\$		Contested Retainer:	\$	
Court Costs:	\$	_____	Court Costs:	\$	_____
Total Retainer:	\$	_____	Total Retainer:	\$	_____
Down Payment:	\$	_____	Down Payment	\$	_____

Payments: \$ \_\_\_\_\_

Qualified Domestic Relations Order: \$ \_\_\_\_\_  
Deed: \$ \_\_\_\_\_

Other Fees: substituted service/ ad litem/ social study/ counseling/ mediation/investigators/ deposition

**COMMENTS:** \_\_\_\_\_

**Mary-Ann Smyth  
Attorney At Law, PLLC**

P. O. Box 425  
225 E. Peachtree Street  
Corbin, Kentucky 40702  
[info@msmythlaw.com](mailto:info@msmythlaw.com)

Telephone (606) 526-6943

Fax (606) 526-6945

**PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS**

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary in limited use during the course of your case.

- Social Security numbers are collected by the law firm from the client and all clients provide such information to the firm in writing.
- Social Security numbers are most often used to positively identify parties. Some uses may include initial service, in court orders, in orders to withhold wages for child support, in required reports filed with the Commonwealth of Kentucky, or to obtain retirement information used to divide retirement benefits. Most courts require Social Security numbers of all parties.
- All information received from a client is confidential. Numbers are not released from the firm unless authorized by the client or required in the course of representation as previously stated herein.
- The employees of Mary-Ann Smyth have access to this personal information.
- Every step is taken to protect your privacy. This information is kept secure within the offices of the firm in file folders and file drawers until such time that the file information is retired and the file removed to storage in a locked, off-site storage facility. Files will eventually be shredded after the time designated by the State Bar requirement for maintaining the records has expired. Social Security numbers are also kept in firm software programs that are protected by password in our system which is further protected by extensive firewalls.

I acknowledge that I have read the above privacy information provided by Mary-Ann Smyth regarding use of my Social Security number.

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SIGNATURE

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DATE