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**Client Intake Form** (please print or type)

**Your Name:** \_\_\_\_\_  
Address (mailing): \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone (home): \_\_\_\_\_  
Phone (cell): \_\_\_\_\_  
Phone (business): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

**Opposing Party Information**

**Name:** \_\_\_\_\_  
Address (mailing): \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone (home): \_\_\_\_\_  
Phone (cell): \_\_\_\_\_  
Phone (business): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

**Nature of Matter:** \_\_\_\_\_

Deadlines/Courtdates: \_\_\_\_\_

Referred by: \_\_\_\_\_

**How would you like to be contacted?**

Email \_\_\_ Phone (hm) \_\_\_ Phone (cell) \_\_\_ Phone (bus.) \_\_\_ Postal Mail \_\_\_

Signature: \_\_\_\_\_

\*\*\*\*\* To be Completed by Office \*\*\*\*\*

**Client Number Assigned:** \_\_\_\_\_ **Conflicts Check:** \_\_\_\_\_ **By:** \_\_\_\_\_