

PROSPECTIVE CLIENT INFORMATION

Date Opened: _____

NAME: _____

SSN: _____

Address: _____
(zip code)

DOB: _____ Age: ()

TELEPHONE: () - _____ (HOME)

TELEPHONE: () - _____ (WORK)

EMPLOYER: _____

Referred by whom? _____

CHILD(REN) INFORMATION

NAME: _____

DOB: _____ Age: ()

NAME: _____

DOB: _____ Age: ()

NAME: _____

DOB: _____ Age: ()

NAME: _____

DOB: _____ Age: ()

OPPOSING PARTY INFORMATION

NAME: _____

SSN: _____

Address: _____
(zip code)

DOB: _____ Age: ()

TELEPHONE: () - _____ (HOME)

TELEPHONE: () - _____ (WORK)

Date of Final Judgment Order? _____

Who is the contact person who notified you that you need to start an appeal? _____

What is the contact information for the Judge who made the ruling you wish to appeal _____

What are the names of all attorneys involved in the case? _____

What are the issues you are appealing? _____

Do you have any records to show that the decision was the incorrect decision? _____ if so explain

What are the dates of the hearings that were held before the court made the decisions? These are the trial or pre-trial dates. _____

Retainer: \$2500 Civil, and MA to FD, FC-A \$5000

Filing Fees: \$250

Transcript: \$1000-\$1500 approx

Postage and copies: approx \$25

Record: approx \$100-\$250

A NOTICE OF APPEAL MUST BE FILED NO LATER THAN 30 DAYS AFTER THE FINAL ORDER DATE