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3330 Cumberland Boulevard
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Atlanta, Georgia 30339
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404.846.7027 (Fax)
www.hhfamilylaw.com

Date: _____

YOUR PERSONAL INFORMATION

Full Name (Include Maiden Name if Applicable): _____

Date of Birth: _____

Telephone Numbers

Home: _____ Work: _____

Cell: _____ Fax: _____

Email Address: _____

Confidential Mailing Address: _____

Residence Address: _____

County of Residence: _____ Lived at Address Since: _____

Have you been a resident of Georgia for more than six (6) months? YES ___ NO ___

Please note directions or restrictions regarding contacting you: _____

How were you referred to our office? _____

May we thank the person who referred you? YES ___ NO ___

REASON FOR YOUR CONSULTATION: _____

INFORMATION ABOUT YOUR EMPLOYMENT

Name/Place of Employment: _____

Work Address: _____

Job Title: _____ Description/Nature of Job: _____

Employed Since: _____ Annual Gross Income: _____

Do you have any other means of income? YES ___ NO ___ If yes, explain: _____

Please state your educational background and/or vocational training (name of institution(s), dates attended, and degrees or certificates earned. Include high school, technical school, college, post-graduate, etc.): _____

INFORMATION ABOUT YOUR PARTNER

Full Name (Include Maiden Name if Applicable): _____

Date of Birth: _____

Telephone Numbers -

Home: _____ Work: _____

Cell: _____ Fax: _____

Email Address: _____

Residence Address: _____

County of Residence: _____ Lived at Address Since: _____

INFORMATION ABOUT YOUR PARTNER'S EMPLOYMENT

Name/Place of Employment: _____

Work Address: _____

Job Title: _____ Description/Nature of Job: _____

Employed Since: _____ Annual Gross Income: _____

Do they have any other means of income? YES ___ NO ___ If yes, explain: _____

Please state your partner's educational background and/or vocational training (*name of institution(s), dates attended, and degrees or certificates earned. Include high school, technical school, college, post-graduate, etc.*): _____

INFORMATION ABOUT YOUR CHILDREN (IF ANY)

Children of this relationship (if applicable):

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Children living with you but not of this relationship:

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Address where the children have lived for the past five years and with whom they have lived:

Are any of your children adopted? YES ___ NO ___ If yes, please identify: _____

Do any of the children have any disabilities or problems that will be a factor in this matter? _____

ADDITIONAL INFORMATION

Approximate value of your separate property: _____

Approximate value of your partner's separate property: _____

Approximate value of any/all inheritances/trusts in your name: _____

Approximate value of any/all inheritances/trusts in your partner's name: _____

SPECIAL CONCERNS

Please describe any issue(s) of concern to you that is/are relevant to the reason for today's meeting: _____

