

*Kathryn Bradfield Lanan*

ATTORNEY AT LAW

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**Minimum Consultation Fee: \$100.00**

**KATHRYN BRADFIELD LANAN  
FAMILY LAW INFORMATION FORM**

Date \_\_\_\_\_ Referred By \_\_\_\_\_

Client's Name \_\_\_\_\_

Address (home) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hm# \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Wk# \_\_\_\_\_ Other \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race \_\_\_\_\_ Driver's License No. \_\_\_\_\_ SSN# \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address (work) \_\_\_\_\_

Alternate person to contact \_\_\_\_\_ Phone \_\_\_\_\_  
*(Family Member/Friend/etc.)*

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Opposing Party's Name (if applicable) \_\_\_\_\_

Address (home) \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race \_\_\_\_\_ Driver's License No. \_\_\_\_\_ SSN# \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address (work) \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Place of Marriage: City \_\_\_\_\_

Maiden Name \_\_\_\_\_

Length of Time in County \_\_\_\_\_

County: \_\_\_\_\_ State \_\_\_\_\_

To Be Restored to \_\_\_\_\_

Length of Time in State \_\_\_\_\_

**CHILDREN OF THE MARRIAGE**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\*If you need additional space, please use the back of this page\*

Are you seeking custody?      Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you seeking child support?      Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you seeking alimony?      Yes \_\_\_\_\_ No \_\_\_\_\_      How Much? \_\_\_\_\_

Does either party have Retirement Benefits:      Yes \_\_\_\_\_ No \_\_\_\_\_  
Please describe the type of Retirement Benefits:  
(i.e. Employment, Military, etc. \_\_\_\_\_  
Date(s) of Employment \_\_\_\_\_

Please list all Major Community Property (i.e. Car, House, Land, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you seeking a Restraining Order?      Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you need or already have a Protective Order?      Yes \_\_\_\_\_ No \_\_\_\_\_

(Check all that apply)

- |                                    |                                  |
|------------------------------------|----------------------------------|
| _____ Adultery                     | _____ Insupportability           |
| _____ Alimony and/or Child Support | _____ Interfering with Car       |
| _____ Coming about Work/Home       | _____ Interfering with Children  |
| _____ Cruelty                      | _____ Selling Community Property |
| _____ Domestic Violence            | _____ Sworn Inventory            |
| _____ Financial Records            | _____ Withdrawing Funds          |
| _____ Harassing & Harming          |                                  |

Grounds for Divorce \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FEE AGREEMENT FOR INITIAL CONSULTATION**

Because of the increased costs of billing and because of other collection problems, clients who receive professional services at an initial office consultation will be expected to pay for the attorney prior to the appointment. The payment shall be in cash or other secured form. If a personal check is given the client's driver's license number should be included.

The following fees apply to professional services:

One initial office consultation with client, on one or more subjects:

Up to one-half hour	\$100.00
Over one-half hour, up to one hour	\$150.00
Over one hour - attorney's regular hourly rate	\$300.00

All other professional services are billable at the hourly rate of \$300.00. Prior to the attorney and client entering into an agreement for professional services, the attorney will set a minimum retainer fee based on the projected services required to manage the subject matter. The minimum retainer will be used at the rate of \$300.00 per hour. If profession hours exceed, the prepaid services, the client will be billed for additional services at the rate of \$300.00 per hour. The minimum retainer fee is based upon an estimation of time to handle your case and court costs or other expenses incident to the rendering of professional services.

The client will be charged for sums paid to outside sources (i.e., court costs, clerk, sheriff or court reporter fees) and for photocopies of documents, postage expense exceeding a minimum sum, long distance telephone calls, cellular phone costs and other special client expenses. Services of investigators and legal research assistants (other than the attorney) will be billed at the hourly rate charged by those service providers.

Your questions about professional fees are invited. The attorney-client relationship is better served by open discussion of fees. This information has been provided to you so that you will have a pre-interview opportunity to consider financial arrangements.

**IT IS UNDERSTOOD AND AGREED THAT THIS FIRM DOES NOT REPRESENT YOU (AND WILL NOT COMMENCE SERVICE ON YOUR BEHALF) UNTIL THE INITIAL RETAINER IS PAID AND THE EMPLOYMENT CONTRACT IS SIGNED.**

You must sign this agreement prior to the consultation.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date