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CONFIDENTIAL CONSULTATION REQUEST FORM

You can request a consultation with one of our attorneys by filling out this form, email to suzette@longdel.com, fax to 541-926-7167, or call us at 541-926-5504.

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|---|--|
| Your Full Legal Name | |
| Your Previous Name(s) | |
| Your E-mail Address | |
| Your Home Phone Number | |
| Your Work Phone Number | |
| Your Fax Number | |
| Your Cell or Confidential Phone Number | |
| Your Occupation | |
| Your Current or Previous Attorney(s) | |
| Length of Marriage (if applicable) | |
| Number of Joint Children and their Ages (if applicable) | |
| Opposing Party's Name | |
| Opposing Party's Previous Name(s) | |
| Opposing Party's Occupation | |

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|---|---|
| <input type="checkbox"/> Dissolution | <input type="checkbox"/> Pre-Nuptial Agreement |
| <input type="checkbox"/> Legal Separation | <input type="checkbox"/> Post-Nuptial Agreement |
| <input type="checkbox"/> Annulment | <input type="checkbox"/> Contempt or other Judgment Enforcement |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Domestic Partnership Agreement |
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Domestic Partnership Dissolution |
| <input type="checkbox"/> Modify Custody | <input type="checkbox"/> Auto Accident/Personal Injury |
| <input type="checkbox"/> Modify Parenting Time | <input type="checkbox"/> Will |
| <input type="checkbox"/> Modify Child Support | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Modify Spousal Support | <input type="checkbox"/> Adoption |

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| How did you hear about our firm? |
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