



ADRIANNE MCLEAN
BARRISTER

CLIENT INFORMATION SHEET

DATE: **CLIENT REF:**
MATTER:

PERSONAL DETAILS

Mr/Mrs/Ms/Miss/Dr/Other:.....
Surname: **First Names:**
DOB: **NZ Resident/Citizen:** YES/NO
Ethnicity: New Zealand European / New Zealand / Maori / Samoan /
Tongan / Chinese / Indian / Australian / Thai / Other
..... (Please circle one)
Do you need an Interpreter? YES/NO **Language:**

Address:
.....
.....

Postal Address (if different from above):
.....
.....

Do you wish your address to be confidential and kept off any legal documents? YES/NO (Please circle one)

Home Phone: **Mobile:**
Email: **Fax:**
Work Phone:

Is it okay to contact you at your work number? YES/NO

Occupation:
Employer:

Employer's Address:
.....

Employer's Phone:



ADRIANNE MCLEAN
BARRISTER

RESPONDENT'S DETAILS

(Please list as much information as possible about the respondent – thank you)

PERSONAL DETAILS

Mr/Mrs/Ms/Miss/Dr/Other:.....

Surname: First Names:

.....

DOB: NZ Resident/Citizen:

YES/NO

Ethnicity: New Zealand European / New Zealand / Maori / Samoan /

Tongan / Chinese / Indian / Australian / Thai / Other

..... (Please circle one)

Do you need an Interpreter? YES/NO Language:

Address:

.....
.....

Postal Address (if different from above):

.....
.....

Relationship to Respondent: Husband / Wife / De-facto / Civil Union

Partner / Partner / Ex-Partner (Please circle one)

Home Phone: Mobile:

Email: Fax:

Work Phone:

Occupation: Employer:

Employer's Contacts:

.....



ADRIANNE MCLEAN
BARRISTER

If Married:

Date of Marriage: **Place of Marriage:**

Length of Marriage:

Date De Facto relationship begun:

Length of Relationship:

Date of Separation:

Counsel for Respondent - Name & Contact Details (if applicable):

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CHILD(REN'S) DETAILS

Full Name(s)	Date of Birth	Age	Male/ Female	Who is Child currently living with?

Counsel for Child - Name & Contact Details (if applicable):

.....

PAYMENT DETAILS

Fee Agreement: YES/NO/LEGAL AID (Please circle one)

Initial Deposit Paid: \$..... **Date Paid:**

PREVIOUS COUNSEL

Name & Contact Details (if applicable):

.....



ADRIANNE MCLEAN
BARRISTER

REFERRAL DETAILS

Client referred by:

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Durham West Chambers, Level 3, 175 Queen Street, Auckland 1010

PO Box 350, Shortland Street, Auckland 1140

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