



K.W. REAGLES & ASSOCIATES

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MATRIMONIAL MATTER: EMPLOYABILITY & EARNINGS CAPACITY

PERSON TO BE EVALUATED:

CLIENT WE WILL BE REPRESENTING:

NAME: _____

NAME: _____

ADDRESS: _____

ATTORNEY: _____

TELEPHONE: _____

FIRM: _____

DATE OF BIRTH: _____

ADDRESS: _____

SOCIAL SECURITY#: _____

JOB TITLE: _____

PARALEGAL: _____

TELEPHONE: _____

EMAIL: _____

CASE INFORMATION

CASE CAPTION: _____

WHEN WOULD THE ATTORNEY LIKE DR. REAGLES' REPORT SUBSEQUENT TO THE INTERVIEW?: _____
(WE WOULD LIKE 45 – 60 DAYS, IF POSSIBLE, SUBSEQUENT TO THE INTERVIEW.)

IS THERE A TRIAL DATE? _____ **IF SO, WHAT DATE DOES TRIAL BEGIN:** _____

WHO IS OPPOSING COUNSEL/FIRM? _____

