

Stuart Showalter - Child Custody Advisor
P.O. Box 374
Lebanon, IN 46052-0374
Stuart@StuartShowalter.com

Weekly Life Coaching Application

Name _____

Address _____

City _____ ST _____ Zip _____ - _____

Phone _____

e-mail _____

Please provide as much of the following background information as you are comfortable doing.

Age _____ Gender _____ Marital status _____

Height _____ Weight _____ Religion _____

Educational background _____

Name and email address of practitioner making referral‡ _____

Current Employment (if employed) _____

Please list any significant or diagnosed health problems _____

Please state briefly why you feel you need assistance _____

Annual household income* \$ _____

Best time/day to conduct an initial consultation _____

Other persons we should be aware of - why _____

Please enclose \$150 payment by money order with your application. This is an assessment fee and will be returned if your application is not approved.

‡ Referral by your attorney, other practitioner or a judicial or legislative member is required for services

* This is only needed to assist in advising you. The same rate is charged to everyone.

Stuart Showalter is not an attorney and CANNOT represent you in court.

Your communications with us are not privileged.

Rev. 01/2014