

CLIENT QUESTIONNAIRE

			E. 11 N
			Full Name
Social Security No		Social Secu	Maiden Name (if applicable)
	Place of Birth		Date of Birth
			Street
	Zip	State	City
			County of Home Address
			Lived at address since
			Full Works Address
			Street
	Zip	State	City
sent, or if y	correspondence sent		(Please specify with an "X" the address wish it sent to another address. If so, where the street street is a specific with an "X" the address wish it sent to another address. If so, where the street is a specific with an "X" the address wish it sent to another address.
			Street
	Zip	State	City
	-		
		Home Phone _	City
			County of Home Address Lived at address since Full Work Address

Full Name		
Maiden Name (if applicable)	Social Security No	
Date of Birth	Place of Birt	h
Full Home Address		
	Street	
City	State	Zip
County of Home Address		
Lived at address since		
Home Phone	Work Phone	
E-Mail		
D1 1' 11 11 C 1		
Please list all home addresses for the HISTORY OF PRIOR MARRIAG		
	SE (if applicable):	
HISTORY OF PRIOR MARRIAG	GE (if applicable):	County
HISTORY OF PRIOR MARRIAG	SE (if applicable): State	County

Full name Date of birth Living With Male/Female Addresses at which the children have lived for the past five (5) years and with whom they lived: Do any of your children have any physical or other problems that will be a factor in this case (i.e. learning disability, physical impairment, etc.)? If so, please explain: 6. **INFORMATION ABOUT YOUR EMPLOYMENT:** Are you employed? _____ If yes, state: _____ Name of employer _____ Job title Nature of job Employed since _____ Salary ____ Please state your educational and vocational training (include number of years you attended high school and college, if applicable): 7. INFORMATION ABOUT YOUR EX-PARTNER'S EMPLOYMENT: Is your partner employed? If yes, state: Name of employer ____

5.

INFORMATION ABOUT YOUR CHILDREN:

Job title	Nature of job	
Employed since	Salary	
attended high school a	ucational and vocational training (include numbered and college, if applicable):	·
PRIOR PROCEEDI	NGS:	
	ast legal proceedings conducted between you an ment and/or modification of child support, custo	
If so, describe:		
	,	
Who represented your	partner?	
Have there been any of If so, please describe:	ther contempt actions?	
Who represented your	partner?	
OTHER:		
Has your partner cons state who you have se	ulted an attorney regarding this matter?en and when.	If yes, please
Have you consulted or who you have seen an	ther attorneys about this situation?d when.	If yes, please state
Who referred you to o	ur office?	