
CLIENT QUESTIONNAIRE

1. **YOUR PERSONAL INFORMATION:** Date you completed this form: _____

Full Name _____

Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Full Home Address _____
Street

City _____ State _____ Zip _____

County of Home Address _____

Lived at address since _____

X Full Work Address _____
Street

City _____ State _____ Zip _____

(Please specify with an "X" the address to which you wish correspondence sent, or if you wish it sent to another address. If so, where?)

Street _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Fax Number _____ Mobile Number _____

E-Mail _____

Please indicate any directions/restrictions in calling you:

2. Please list all home addresses for the past six (6) months:

3. **HISTORY OF CURRENT MARRIAGE:**

Date of Marriage: _____

Place _____
City State County

Date of Separation: _____

4. **HISTORY OF PRIOR MARRIAGE (if applicable):**

Date of Divorce: _____

Place _____
City State County

Who represented you? _____

Name of your ex-spouse: _____

Who represented your ex-spouse? _____

5. **INFORMATION ABOUT YOUR CURRENT SPOUSE:**

Full Name _____

Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Full Home Address _____
Street

City State Zip

County of Home Address _____

Lived at address since _____

Home Phone _____ Work Phone _____

Cellular Phone _____ E-mail _____

6. HISTORY OF SPOUSE'S PRIOR MARRIAGE (if applicable):

Date of Divorce: _____

Place _____
City State County

Who represented you current spouse? _____

Who represented your spouse's ex-spouse? _____

7. INFORMATION ABOUT YOUR CHILDREN:

<u>Full name</u>	<u>Date of birth</u>	<u>Living With</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

8. 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):

9. INFORMATION ABOUT YOUR SPOUSE'S EMPLOYMENT:

Is your spouse employed? _____ If yes, state:

Name of employer _____

Job title _____ Nature of job _____

Employed since _____ Salary _____

Please state his/her educational and vocational training (include number of years he or she attended high school and college, if applicable):

10. PRIOR PROCEEDINGS:

Have there been any legal proceedings conducted between you and your current spouse such as legitimation, establishment and/or modification of child support, custody, alimony, or visitation?

If so, describe: _____

Who represented you? _____

Who represented your spouse? _____

Have there been any other contempt actions?

If so, please describe: _____

Who represented you? _____

Who represented your spouse? _____

11. BACKGROUND:

Briefly describe your purpose for today's visit and any pertinent information regarding your case:

12. OTHER:

Has your spouse consulted an attorney regarding this matter? _____ If yes, please state who he/she has seen and when.

Have you consulted other attorneys about this situation? _____ If yes, please state who you have seen and when.

Who referred you to our office? _____

Can we send a thank you letter to the person who referred you to our office? _____