

CLIENT QUESTIONNAIRE

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Date: _____

A. CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____ Fax Number: _____

E-mail Address: _____ Driver's License Number: _____

Dates of residency at current address: _____

List any previous residences in the past five (5) years, and dates resided in each:

Employer's Name (if any): _____

Employer's Address: _____

Job Title: _____ Nature of Job: _____

Date of Employment: _____ Occupation: _____

Salary: \$ _____ weekly/biweekly/twice a month/monthly/weekly (circle one)

Do you have a Will? _____ If so, do you wish it to be reviewed? _____

(If so, please return a copy of the Will with this completed form.)

How did you hear about our office? _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) _____

B. SPOUSE'S INFORMATION:

Name: _____ Soc. Sec. No.: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ DOB: _____ State of Birth: _____
Telephone Number: _____ Facsimile Number: _____
E-mail Address: _____ Driver's License Number: _____

Is spouse represented by counsel in this matter? ___ Yes ___ No - If yes, complete the following:

Spouse's Attorney: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____

Employer's Name (if any): _____
Employer's Address: _____
Date of Employment: _____ Occupation: _____
Salary: \$ _____ weekly/biweekly/twice a month/monthly/weekly (circle one)

C. MARITAL INFORMATION:

Date of Marriage: _____

Place of Marriage: _____
(Please provide a marriage certificate)

Are you and your spouse currently living together? ___ Yes ___ No

If not, then Date of Separation: _____

Do you have an interest in reconciliation? ___ Yes ___ No

To the best of your knowledge, does your spouse want reconciliation? ___ Yes ___ No

Describe the circumstances that caused your separation: _____

D. CHILDREN'S INFORMATION (from this marriage):

Name:	SSNo.:	Place of Birth:	Date of Birth:	Living With:	Sex:
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F

Is the wife currently pregnant? ___ No ___ Yes; date child is due: _____

UCCJEA Information:

If any of the children have resided with anyone other than you and your spouse during the last five (5) years, please complete the following information:

Name of Custodian:	Address:	Dates Resided with:

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependency or guardianship, concerning custody or visitation of any child subject to this proceeding? ___ No ___ Yes - If Yes, please describe: _____

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding ___ No ___ Yes - If Yes, please describe: _____

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? ___ No ___ Yes - If Yes, please describe: _____
