

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.

A. CLIENT INFORMATION:

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

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: _____

Employer's Telephone No.: _____

Date of Employment: _____ Occupation: _____

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

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Indicate any additional plans for future employment: _____

Highest level of education completed: _____

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: _____

Describe plans you have to enroll in school or complete your education, if any: _____

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.) _____

If applicable, what is your maiden name? _____. What is your spouse's maiden name? _____

Are you or your spouse seeking a name change and if so to what? _____.

B. SPOUSE'S INFORMATION:

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

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: _____ Facsimile Number: _____

Employer's Name (if any): _____
Employer's Address: _____

Job Title: _____ Nature of Job: _____
Date of Employment: _____ Occupation: _____

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

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Indicate any additional plans for future employment: _____

Highest level of education completed: _____

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: _____

Describe any plans your spouse may have to enroll in school or complete his/her education: _____

C. GENERAL MARITAL HISTORY:

Date of Marriage: _____

Place of Marriage: _____

(State and County)

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: _____

If a suit for divorce has been previously filed by either spouse as to this marriage, please provide the date such was filed, the name of the primary attorney involved, the name or location of the court, and the reason the divorce was not finalized: _____

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

Name:	SSN:	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: _____

ATTORNEY'S NOTES

Retainer Quoted:_____

Referred to:_____