

**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:**

Date: \_\_\_\_\_  
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, dependancy 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: \_\_\_\_\_

\_\_\_\_\_