

CONFIDENTIAL CLIENT QUESTIONNAIRE

General

INSTRUCTIONS:

- Please answer the questions as carefully and accurately as possible. This information will be used to complete official documents required for filing your case with the courts.
 Failure to answer questions or answering with inaccurate information will result in delays in your case.
- 2. If a question does not apply to you answer with "N/A".
- 3. If you have already filed this case with the courts, please provide copies of all pleadings.

	Intake Date	_ Conducted b	у		□Phone	□In Person
Ĭ	Conflict Check Date	_ Done by			☐ Conflict	\square No Conflict
E OI	Retainer Quoted	_ □Hourly	☐Flat Fee	\square Contin	gency	
: USE	Retained on	Paid \$		Emplo	yee	
FICE	Entered into MyCase on	by				
OF	Hearings Check done on	by	☐No hearin	gs □He	aring	
	Physical File Created on	by	given to			

Date	
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ABOUT YOURSELF

Legal Name					DOB			
	First	Middle		Last			MM / DD / YYYY	
Former Name _					□Female	Age		
Do you want yo	ur maiden name	restored?	☐ Yes	\square No	Maiden	Name		
Driver's License	#			State	SSN			
Residence Coun	ty			How Lon	g?			
		If less thar	n 6 months, v	where did you li	ve previously?			
Mailing Address								
Ma Add	City		_,		1.1.		71.	
S S	City			3	tate		Zip	
Residence Address								
Res	City		_'	S	tate		Zip	
Home Phone()			Cell Ph	one (
)							
<u></u>								
Personal E-mail								
Work E-mail								
Employer								
Job Title								
Address								
	City			Sta	te		Zip	
Phone			Fax	or Email				
Days & Times	Monday				_ Appro	ox. Pay_ (Gross)		/month
	Tuesday				_			/yr.
	Wednesday				_			
	Thursday				_			
	Friday				_			
	Saturday				_			
	Sunday				_			

ABOUT THE OTHER PARTY

Legal Name				DOB			
	First	Middle	Last			MM / DD / YYYY	
Former Name				\square Female	Age		
Driver's License #				SSN_			
Residence County			How Long	g?			
		If less than 6 mon	ths, where did they li	ve previously?			
ess ———							
Mailing Address		,					
	City		St	rate		Zip	
Residence Address							
Resi	City	,		rate		Zip	
Home Phone (21μ	
Work Phone ()						
E-mail							
Employer							
Job Title							
Address							
	City		State	e	_	Zip	
Phone			Fax/ Email				
Days & Times	Monday	-		Appro	x. Pay	/n	nonth
	Tuesday	-		_	(Gross)		/yr.
	Wednesday	-		_			
	Thursday			_			
	Friday			_			
	Saturday		·	_			
	Sunday	-		_			
Attorney (if any)							

OTHER PARTIES INVOLVED

First	Legal Name			DOB	
State	First	Middle	Last	 -	MM / DD / YYYY
Cell Phone ()	Former Name			\square Female	Age
Work Phone () Email Role	Driver's License #		State	SSN_	
Work Phone () Email Role	Home Phone ()		Cell Phone ()	
Legal Name	Work Phone ()		Email		
Legal Name First Middle Last MM/DD/YYYY Former Name Male Female Age Driver's License # State SSN Home Phone () Cell Phone () Work Phone () Email Role DOB Legal Name DOB First Middle Last Age Driver's License # State SSN Home Phone () Cell Phone () Work Phone () Email Role DOB Legal Name DOB Legal Name DOB First Middle Last Former Name Former Name	Role				
Former Name				505	
State	First	Middle	Last	nor -	MM / DD / YYYY
Home Phone () Cell Phone () Work Phone () Email Role	Former Name			□Female	Age
Home Phone () Cell Phone () Work Phone () Email Role	Driver's License #		State	SSN	
Role Legal Name DOB MM/DD/YYYY Former Name Male Female Age Age Driver's License # State SSN SSN Home Phone () Cell Phone () Email Role DOB Legal Name First Middle Last DOB					
Role Legal Name DOB MM/DD/YYYY Former Name Male Female Age Age Driver's License # State SSN SSN Home Phone () Cell Phone () Email Role DOB Legal Name First Middle Last DOB	Work Phone ()		Email		
Former Name					
Former Name	Legal Name			DOB	
Driver's License # State SSN Home Phone () Cell Phone () Work Phone () Email Role	FIISL	Midule	LdSt		
Home Phone () Cell Phone () Work Phone () Email Role					
Work Phone () Email Role					
Role Legal Name DOB MM/DD/YYYY Former Name Male Female Age Driver's License # State SSN Home Phone ()					
Legal Name DOB First Middle Last MM/DD/YYYY Former Name □ Male □ Female Age Driver's License # State SSN Home Phone () Cell Phone ()	Work Phone ()		Email _		
First Middle Last MM/DD/YYYY Former Name	Role				
Former Name				DOB	
Driver's License # State SSN Home Phone () Cell Phone ()					
Home Phone () Cell Phone ()					
Work Phone () Email					
	Work Phone /		Fmail		

Date			

CASE HISTORY

Case Already Filed? \square No	□Yes _{Number:}
Last action taken/filed:	
F	PENDING ISSUES AND QUESTIONS
	n the attorney of your situation & any particular issues you would like resolved.