



CONFIDENTIAL CLIENT QUESTIONNAIRE

General

INSTRUCTIONS:

1. 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.

| | | | | | |
|--------------------------------|------------------------------|---------------------------------|--------------------------------------|--|--|
| OFFICE USE ONLY | Intake Date _____ | Conducted by _____ | <input type="checkbox"/> Phone | <input type="checkbox"/> In Person | |
| | Conflict Check Date _____ | Done by _____ | <input type="checkbox"/> Conflict | <input type="checkbox"/> No Conflict | |
| | Retainer Quoted _____ | <input type="checkbox"/> Hourly | <input type="checkbox"/> Flat Fee | <input type="checkbox"/> Contingency | |
| | Retained on _____ | Paid \$ _____ | Employee _____ | | |
| | Entered into MyCase on _____ | by _____ | | | |
| | Hearings Check done on _____ | by _____ | <input type="checkbox"/> No hearings | <input type="checkbox"/> Hearing _____ | |
| Physical File Created on _____ | by _____ given to _____ | | | | |

Date _____

ABOUT YOURSELF

Legal Name _____ DOB _____
First Middle Last MM / DD / YYYY

Former Name _____ Male Female Age _____

Do you want your maiden name restored? Yes No Maiden Name _____

Driver's License # _____ State _____ SSN _____

Residence County _____ How Long? _____

If less than 6 months, where did you live previously? _____

Mailing Address _____

City State Zip

Residence Address _____

City State Zip

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Other () _____

Please specify _____

Personal E-mail _____

Work E-mail _____

Employer _____

Job Title _____

Address _____

_____ City _____ State _____ Zip

Phone _____ Fax or Email _____

| | | | | | | | |
|--------------|-----------|-------|---|-------|------------------------|-------|--------|
| Days & Times | Monday | _____ | - | _____ | Approx. Pay | _____ | /month |
| | Tuesday | _____ | - | _____ | <small>(Gross)</small> | _____ | /yr. |
| | Wednesday | _____ | - | _____ | | | |
| | Thursday | _____ | - | _____ | | | |
| | Friday | _____ | - | _____ | | | |
| | Saturday | _____ | - | _____ | | | |
| | Sunday | _____ | - | _____ | | | |

Date _____

ABOUT THE OTHER PARTY

Legal Name _____ DOB _____
First Middle Last MM / DD / YYYY

Former Name _____ Male Female Age _____

Driver's License # _____ State _____ SSN _____

Residence County _____ How Long? _____

If less than 6 months, where did they live previously? _____

Mailing Address _____
City State Zip

Residence Address _____
City State Zip

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Other () _____

Please specify _____

E-mail _____

Employer _____

Job Title _____

Address _____

City State Zip

Phone _____ Fax/ Email _____

Days & Times Monday _____ - _____ Approx. Pay _____ /month

(Gross) _____ /yr.

Tuesday _____ - _____

Wednesday _____ - _____

Thursday _____ - _____

Friday _____ - _____

Saturday _____ - _____

Sunday _____ - _____

Attorney (if any) _____

Date _____

OTHER PARTIES INVOLVED

Legal Name _____ First Middle Last DOB _____ MM / DD / YYYY
Former Name _____ Male Female Age _____
Driver's License # _____ State _____ SSN _____
Home Phone () _____ Cell Phone () _____
Work Phone () _____ Email _____
Role _____

Legal Name _____ First Middle Last DOB _____ MM / DD / YYYY
Former Name _____ Male Female Age _____
Driver's License # _____ State _____ SSN _____
Home Phone () _____ Cell Phone () _____
Work Phone () _____ Email _____
Role _____

Legal Name _____ First Middle Last DOB _____ MM / DD / YYYY
Former Name _____ Male Female Age _____
Driver's License # _____ State _____ SSN _____
Home Phone () _____ Cell Phone () _____
Work Phone () _____ Email _____
Role _____

Legal Name _____ First Middle Last DOB _____ MM / DD / YYYY
Former Name _____ Male Female Age _____
Driver's License # _____ State _____ SSN _____
Home Phone () _____ Cell Phone () _____
Work Phone () _____ Email _____
Role _____

Date _____

CASE HISTORY

Case Already Filed? No Yes Number: _____

Dates of any hearings set: _____

Last action taken/filed: _____

PENDING ISSUES AND QUESTIONS

Please use this space to inform the attorney of your situation & any particular issues you would like resolved.
