



# CARPENTER & ASSOCIATES

## CONFIDENTIAL CLIENT QUESTIONNAIRE

### Domestic Matters

#### 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 _____		

# 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	_____	-	(Gross) _____ /yr.
		Wednesday	_____	-	
		Thursday	_____	-	
		Friday	_____	-	
		Saturday	_____	-	
		Sunday	_____	-	

Medical/Dental Coverage from Employer for  Myself  Children  Spouse  None  
 Monthly Cost \_\_\_\_\_

## 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
	Tuesday	_____	-	_____	<small>(Gross)</small>	_____ /yr.
	Wednesday	_____	-	_____		
	Thursday	_____	-	_____		
	Friday	_____	-	_____		
	Saturday	_____	-	_____		
	Sunday	_____	-	_____		

Medical/Dental Coverage from Employer for  Self  Children  Spouse  None

Monthly Cost \_\_\_\_\_

Attorney (if any) \_\_\_\_\_

# CHILDREN

Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM / DD / YYYY

Male  Female Age \_\_\_\_\_ SSN \_\_\_\_\_

Where have they lived for past 3 years? \_\_\_\_\_

With? \_\_\_\_\_

Special Needs: \_\_\_\_\_

Biological  Adopted  Foster  Unknown  \_\_\_\_\_

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Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM / DD / YYYY

Male  Female Age \_\_\_\_\_ SSN \_\_\_\_\_

Where have they lived for past 3 years? \_\_\_\_\_

With? \_\_\_\_\_

Special Needs: \_\_\_\_\_

Biological  Adopted  Foster  Unknown  \_\_\_\_\_

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Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM / DD / YYYY

Male  Female Age \_\_\_\_\_ SSN \_\_\_\_\_

Where have they lived for past 3 years? \_\_\_\_\_

With? \_\_\_\_\_

Special Needs: \_\_\_\_\_

Biological  Adopted  Foster  Unknown  \_\_\_\_\_

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Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM / DD / YYYY

Male  Female Age \_\_\_\_\_ SSN \_\_\_\_\_

Where have they lived for past 3 years? \_\_\_\_\_

With? \_\_\_\_\_

Special Needs: \_\_\_\_\_

Biological  Adopted  Foster  Unknown  \_\_\_\_\_

# 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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

## ARRANGEMENTS

Please select all arrangements you currently have with the other party:

- Never married
- Divorced
- Married

Date \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

- Separated on \_\_\_\_\_
- Not yet Separated
- We have made no written or verbal agreements
- We have made written agreements as follows:

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- We have verbal agreements/understandings as follows:

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## CASE HISTORY

Domestic Violence history?  No  Yes Details: \_\_\_\_\_

CYFD involvement?  No  Yes Details: \_\_\_\_\_

Case Already Filed?  No  Yes Number: \_\_\_\_\_

