

CONFIDENTIAL CLIENT QUESTIONNAIRE

Domestic Matters

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		\square Phone	□In Person
Ĭ	Conflict Check Date	_ Done by				\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			

ABOUT YOURSELF

Legal Name					DOI	В		
	First	Middle		Last		_	MM / DD / YYYY	
Former Name								
Do you want your	maiden name	restored?	☐ Yes	□ No	Maide	n Name		
Driver's License #				State	SS	SN		
Residence County				How Lon	g?			
		If less than	6 months,	where did you li	ive previously?			
Mailing Address								
Mai Add 			,					
Ψ	City			S	State		Zip	
Address								
Ad Ad	City		<u> </u>		State		Zip	
				Cell Ph	ione			
Work Phone								
work i floric				Please sp	pecify			
Personal E-mail								
— Work E-mail								
Employer								
Job Title								
Address								
	City			Sta	te	_	Zip	
Phone			Fa	x or Email				
Days & Times	Monday				App	orox. Pay		/month
	Tuesday				_	(Gross)		/yr.
	Wednesday				_			
	Thursday				_			
	Friday				_			
	Saturday				_			
	Sunday				_			
Medical/Dental Co	overage from E	mployer fo	- □ M	yself \square Chil	ldren □S	Spouse	□ None	
Monthly Cost								

ABOUT THE OTHER PARTY

Legai Name		ров						
	First Middle	Last	MM / DD / YYYY					
Former Name _								
Driver's License	#	State SSN						
Residence Cour	nty	How Long?						
	If less than 6 n	onths, where did they live previously?						
ing ess								
Mailing Address	,							
	City	State	Zip					
Residence Address								
Resid	, City	State	Zip					
∐ama Dhana	•		·					
Work Phone _		Other						
E-mail		riedse specify						
Employer								
Job Title								
Address								
	21.	 						
Phone	City	State Fax/ Email	Zip					
 Days & Times	Monday		/ /month					
Days a rimes	Tuesday	(Gross						
	Wednesday	-						
	Thursday	-						
	Friday	-						
	Saturday	<u> </u>						
	Sunday	<u> </u>						
Madical/Dantal	Coverage from Employer for	- <u> </u>	Spouse None					
Monthly Cost			D None					
Attorney (if any								
accorney (ii arry	<i>'</i>							

CHILDREN

Legal Name		DOB				
First Middle ☐ Male ☐ Female Age	Last SSN		MM / DD / YYYY			
<u> </u>						
Where have they lived for past 3 years? With?						
Special Needs:						
□Biological □Adopted	□ Foster	⊔Unknown				
Logal Nama		DOB				
Legal Name First Middle	Last	DOB	MM / DD / YYYY			
⊔Male ⊔Female Age	SSN					
Where have they lived for past 3 years?						
With?						
Special Needs:						
☐Biological ☐Adopted						
Legal Name First Middle		DOB	MM / DD / YYYY			
☐ Male ☐ Female Age			MM / DD / YYYY			
Where have they lived for past 3 years?						
With?						
Special Needs:						
☐ Biological ☐ Adopted	□Foster	□Unknown				
Legal Name		DOB				
First Middle ☐ Male ☐ Female Age	Last SSN		MM / DD / YYYY			
Where have they lived for past 3 years?						
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
Special Needs:						
\square Biological \square Adopted	□Foster	\square Unknown	Ш			

OTHER PARTIES INVOLVED

Legal Name				DOB	
	First	Middle	Last		MM / DD / YYYY
Former Name _				\square Female	Age
Driver's License	e #		State	SSN	
Home Phone			Cell Phone		
Legal Name		Middle		DOB	MM / DD / YYYY
Former Name _				□Female	Age
Driver's License	e #		State	SSN_	
Home Phone _			Cell Phone_		
Work Phone			Email		
Role					
Legal Name		Middle		DOB	MM / DD / YYYY
					, 55,
Former Name _				□Female	Age
Driver's License	e #		State	SSN	
Home Phone _			Cell Phone_		
Work Phone			Email		
Role					
Legal Name				DOB	
	First	Middle	Last	_	MM / DD / YYYY
				□Female	Age
Driver's License	e #		State	SSN_	
Home Phone _			Cell Phone_		
			= "		
Work Phone			Email_		

ARRANGEMENTS

ease 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:
☐We have verbal agreements/understandings as follows:

CASE HISTORY
Domestic Violence history? No Yes Details:
CYFD involvement? No Yes Details:
Case Already Filed? No Yes Number:

PENDING ISSUES AND QUESTIONS

Please use this space to inform the attorney of your situation and any particular issues you would like resolved (i.e. what type of custody/visitation is acceptable, and foreseen problems with divorce/custody issues)				