

# FAMILY LAW CLIENT QUESTIONNAIRE

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_  
\_\_\_\_\_ FRIEND \_\_\_\_\_ ATTY \_\_\_\_\_ EXPT/PROF \_\_\_\_\_ CLIENT \_\_\_\_\_ INTERNET \_\_\_\_\_ OTHER \_\_\_\_\_

**CLIENT INFORMATION:**

NAME: \_\_\_\_\_ E-MAIL \_\_\_\_\_ SECURE? \_\_\_\_\_  
HOME ADDR. \_\_\_\_\_ HOME NO. \_\_\_\_\_ SECURE? \_\_\_\_\_  
\_\_\_\_\_ WORK NO. \_\_\_\_\_ SECURE? \_\_\_\_\_  
WORK ADDR. \_\_\_\_\_ FAX NO. \_\_\_\_\_ SECURE? \_\_\_\_\_  
\_\_\_\_\_ CELL NO. \_\_\_\_\_ SECURE? \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SSN \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_ DRIVER'S LIC. \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**OPPOSING PARTY'S INFORMATION:**

RELATIONSHIP TO YOU:  SPOUSE  MY CHILD(REN)'S PARENT OTHER: \_\_\_\_\_  
NAME: \_\_\_\_\_ E-MAIL \_\_\_\_\_  
HOME ADDR. \_\_\_\_\_ HOME NO. \_\_\_\_\_  
\_\_\_\_\_ WORK NO. \_\_\_\_\_  
WORK ADDR. \_\_\_\_\_ FAX NO. \_\_\_\_\_  
\_\_\_\_\_ CELL NO. \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SSN \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_ DRIVER'S LIC. \_\_\_\_\_

**DESCRIPTION OF OPPOSING PARTY:**

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Glasses: \_\_\_\_\_  
SPECIAL MARKINGS? BEARD, TATTOO, ETC. \_\_\_\_\_ MILITARY? \_\_\_\_\_

**OPPOSING COUNSEL'S INFORMATION:**

NAME: \_\_\_\_\_ E-MAIL \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
\_\_\_\_\_ FAX NO. \_\_\_\_\_

**I REQUEST INFORMATION REGARDING (CHECK ALL THAT APPLY):**

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Adoption         | <input type="checkbox"/> Support (self or child) | <input type="checkbox"/> Modification of Custody |
| <input type="checkbox"/> Legal Separation        | <input type="checkbox"/> Guardianship     | <input type="checkbox"/> Property Protection     | <input type="checkbox"/> Modification of Support |
| <input type="checkbox"/> Nullity of Marriage     | <input type="checkbox"/> Child Custody    | <input type="checkbox"/> Restoration of Name     | <input type="checkbox"/> Domestic Partnership    |
| <input type="checkbox"/> Paternity               | <input type="checkbox"/> Child Visitation | <input type="checkbox"/> Restraining Orders      | <input type="checkbox"/> Other: _____            |

**IS THERE A PENDING CASE?**

MATTER NAME: \_\_\_\_\_ COURT: \_\_\_\_\_ CASE NO: \_\_\_\_\_  
YOU ARE: \_\_\_\_\_ PETITIONER \_\_\_\_\_ RESPONDENT \_\_\_\_\_ OTHER: \_\_\_\_\_

**MARRIAGE INFORMATION:**

MARRIAGE DATE: \_\_\_\_\_ SEPARATION DATE: \_\_\_\_\_ PLACE OF MARRIAGE \_\_\_\_\_  
PAST SEPARATION DATE(S)? IF SO, WHEN? \_\_\_\_\_  
DO YOU WISH TO RESTORE YOUR MAIDEN NAME? \_\_\_\_\_ FORMER MAIDEN NAME? \_\_\_\_\_

**CHILDREN INFORMATION:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ LIVING WITH: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ LIVING WITH: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ LIVING WITH: \_\_\_\_\_

**CHILDREN ADDRESS INFORMATION FOR THE PAST 5 YEARS**

ADDRESS: \_\_\_\_\_ FROM \_\_\_\_\_ TO: \_\_\_\_\_ LIVING WITH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FROM \_\_\_\_\_ TO: \_\_\_\_\_ LIVING WITH: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

|                            |              |                                   |   |
|----------------------------|--------------|-----------------------------------|---|
| MAIN ATTY _____            | STAFF _____  | CONFLICT <input type="checkbox"/> | FULLY EXECUTED RETAINER                           |
| 2 <sup>ND</sup> ATTY _____ | FILE # _____ | RETAINER <input type="checkbox"/> | AGREEMENT SENT TO CLIENT <input type="checkbox"/> |

**INFORMATION REGARDING PROPERTY & DEBTS:**

Do you or your spouse own real estate: (Yes/No), If yes, list type of real estate & location:

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Do you or your spouse own household furniture, furnishings or appliances? (Yes/No), If yes, list most valuable:

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Do you or your spouse have jewelry, antiques, art, coin collections, or other personal property? (Yes/No), If yes, list:

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Do you or your spouse own motor vehicles, boats, and trailers? (Yes/No), If yes, list year, make, model and license plate number:

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Do you or your spouse have checking accounts, savings accounts, credit union accounts, IRA accounts, any other money accounts? (Yes/No), If yes, list type of accounts & where they are held?

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Do you or your spouse have life insurance policies? (Yes/No), If yes, list insured, beneficiary, & name of insurance company:

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Do you or your spouse own equipment, machinery and/or livestock? (Yes/No), If yes, please list:

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Do you or your spouse own stocks, bonds, secured notes: (Yes/No), If yes, list type and with what company, institution:

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Do you or your spouse have employee benefits (retirement plans, pension plans, profit-sharing plans or annuities)? (Yes/No), If yes, list type with name of employer:

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Do you or your spouse have accounts receivables, unsecured notes, tax refunds due? (Yes/No), If yes, list:

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Do you or your spouse own any interest in partnerships or other business interests? (Yes/No), If yes, list name of business:

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Do you or your spouse own any assets not previously listed? (Yes/No), If yes, list:

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Do you or your spouse have any debts or obligations? (Yes/No), If yes, list:

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TO-DO:

|  |                                       |
|--|---------------------------------------|
|  | FINANCIAL HOMEWORK PROVIDED TO CLIENT |
|  | CUSTODY HOMEWORK PROVIDED TO CLIENT   |
|  | SUB OF ATTY & LTR TO PRIOR COUNSEL    |
|  | SUMMONS & PETITION                    |

DISSOL \_\_\_\_\_ LEGAL SEP \_\_\_\_\_  
 LEGAL \_\_\_\_\_ PHYSICAL \_\_\_\_\_ VISIT \_\_\_\_\_  
 SS TO \_\_\_\_\_ AF BY \_\_\_\_\_ MAIDEN? \_\_\_\_\_  
 OTHER \_\_\_\_\_

|  |          |
|--|----------|
|  | RESPONSE |
|--|----------|

DISSOL \_\_\_\_\_ LEGAL SEP \_\_\_\_\_  
 LEGAL \_\_\_\_\_ PHYSICAL \_\_\_\_\_ VISIT \_\_\_\_\_  
 SS TO \_\_\_\_\_ AF BY \_\_\_\_\_ MAIDEN? \_\_\_\_\_  
 OTHER \_\_\_\_\_

|  |  |
|--|--|
|  | NEED FORENSIC: _____                         |
|  | NEED VOC EVAL: _____                         |
|  | MOTION RE: _____                             |
|  | OSC RE INITIAL _____ MODIFICATION _____      |
|  | CC _____ CV _____ CS _____ SS _____ AF _____ |
|  | PROP RESTRAINT _____ PROP CONTROL _____      |
|  | FORENSIC _____ OTHER: _____                  |

|  |   |
|--|---|
|  | DISCOVERY: FORM ROGS _____ DMD PROD _____ |
|  | DEPO _____ WHEN? _____                    |
|  | SUBP EMP _____ BANK _____ OTHER _____     |
|  | SCAN IN DOCS PROVIDED BY CLIENT           |
|  | OTHER: _____                              |

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CUSTODY ISSUES:

\_\_\_\_\_

\_\_\_\_\_

SUPPORT ISSUES:

\_\_\_\_\_

\_\_\_\_\_

PROPERTY ISSUES:

REAL PROPERTY: \_\_\_\_\_

FURNITURE, FURNISHINGS, ART, JEWELRY: \_\_\_\_\_

AUTOS, VEHICLES: \_\_\_\_\_

BANK ACCOUNTS: \_\_\_\_\_

LIFE INSURANCE: \_\_\_\_\_

STOCKS/BONDS: \_\_\_\_\_

RETIREMENT PLANS: \_\_\_\_\_

ACCOUNT RECEIVABLES: \_\_\_\_\_

BUSINESS INTERESTS: \_\_\_\_\_

OTHER ASSETS: \_\_\_\_\_

STUDENT LOANS: \_\_\_\_\_

TAXES OWED: \_\_\_\_\_

OTHER DEBTS: \_\_\_\_\_

CREDIT CARDS: \_\_\_\_\_

REIMBURSEMENT ISSUES:

\_\_\_\_\_

\_\_\_\_\_