

FAMILY LAW CLIENT QUESTIONNAIRE

DATE: _____

REFERRED BY:

_____ FRIEND _____ ATTY _____ EXPT/PROF _____ CLIENT _____ INTERNET _____ OTHER _____

CLIENT INFORMATION:

PLEASE INDICATE

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

**** IS YOUR HOME ADDRESS SECURE? PLEASE CIRCLE ONE: [YES] OR [DO NOT MAIL]**

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? _____

MINOR 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 ND ATTY _____	FILE # _____	RETAINER <input type="checkbox"/>	AGREEMENT SENT TO CLIENT <input type="checkbox"/>