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CLIENT QUESTIONNAIRE

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

A. CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____ Other Number: _____

E-mail Address: _____ Facsimile Number: _____

Driver's License Number: _____ Issuing State: _____

Dates of residency at current address: _____

List any previous residences in the past five (5) years, and dates resided in each:

Employer's Name (if any):

Employer's Address: _____

Employer's Telephone No.: _____

Date of Employment: _____ Occupation: _____

Salary: \$_____ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Indicate any additional plans for future employment:_____

Highest level of education completed: _____

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: _____

Describe plans you have to enroll in school or complete your education, if any: _

What is your religious preference? _____

How did you hear about our office? _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) ____

B.

SPOUSE'S INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____ Other Number: _____

E-mail Address: _____ Facsimile Number: _____

Driver's License Number: _____ Issuing State: _____

Is spouse represented by counsel in this matter? Yes No - If yes, complete the following:

Spouse's Attorney:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Facsimile Number: _____

Employer's Name (if any):

Employer's Address: _____

Job Title: _____ Nature of Job: _____

Date of Employment: _____ Occupation: _____

Salary: \$_____ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: ____

Indicate any additional plans for future employment:__

Highest level of education completed: __

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: _____

Describe any plans your spouse may have to enroll in school or complete his/her education: __

What is your spouse's religious preference? __

C. GENERAL MARITAL HISTORY:

Date of Marriage: _____

Place of Marriage: _

(Please attach a marriage certificate)

Are you and your spouse currently living together? ___Yes ___No

If not, then Date of Separation: _____

Do you have an interest in reconciliation? ___Yes ___No

To the best of your knowledge, does your spouse want reconciliation? ___Yes ___No

Describe the circumstances that caused your separation: ___

If a suit for divorce has been previously filed by either spouse as to this marriage, please provide the date such was filed, the name of the primary attorney involved, the

name or location of the court, and the reason the divorce was not finalized: _____

D. CHILDREN'S INFORMATION (from this marriage):

Name:	SSN:	Place of Birth:	Date of Birth:	Living	Sex:
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F

Is the wife currently pregnant? ___No ___Yes; date child is due:

UCCJEA Information:

If any of the children have resided with anyone other than you and your spouse during the last five (5) years, please complete the following information:

Name of Custodian:	Address:	Dates Resided with:

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependency or guardianship, concerning custody or visitation of any child subject to this proceeding? ___No ___Yes - If Yes, please describe:_____

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding
No ___ Yes - If Yes, please describe:___

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? ___No ___Yes - If Yes, please describe:___

Other Information:

Do you anticipate a dispute about the custody of the children (if so, please explain)? ___

Who should have primary custody of the children, and why?

Are any children adopted? _____

Are any other children of prior marriages or other dependents living in your residence? _____

Indicate if your, or your spouse's, career or education has been interrupted due to child

rearing: _____

Are any of the children in private school (if yes, indicate the cost of the private school, how such cost has been paid, if you and your spouse both agree on the private school, any special reasons why the child needs private schooling, and if you desire to continue the child in the private school, your belief as to why it is in such child's best interest and the expected impact on the child's life if private school is not continued)?

Describe children's involvement in school activities: __

Describe the physical and mental health of the children: ____

Indicate if any child is being treated for any medical or psychological conditions (if so, indicate the name of the treating physician or counselor, the frequency of medical or psychological treatment, any medications prescribed, cost of medical or physiological care and medicines, portion of expense not covered by insurance, and the length of time you feel treatment will be necessary): ____

Describe the parties' understanding regarding Wife's employment during marriage: ____

Indicate if any child of the parties has separate assets or income, including trust or estate assets: _____

Indicate if any child of the parties has any special needs: __

Describe the involvement of the non-custodial parent in the children's activities since separation: _

Do you feel your spouse's contact with the children should be limited (if so, please explain)? ____

Do the children receive religious training (if so, indicate if there is any primary influence by you or your spouse in the religious training of the children)? ____

Are the children more likely to turn to you or to your spouse when they have problems? _____

Describe your working hours (i.e., when you leave for work and arrive home, if your hours are flexible, if your work requires travel, and if so, the frequency of such travel, time involved and distance): ____

Describe your spouse's working hours (i.e., when your spouse leaves for work and arrives home, if your spouse's hours are flexible, if your spouse's work requires travel, and if so, the frequency of such travel, time involved and distance): _____

What are your plans for child care? ____

What are your spouse's plans for child care? __

Describe your housing arrangements, including number of bedrooms? ____

Describe your spouse's housing arrangements, including number of bedrooms?

PARENTAL RESPONSIBILITIES: Indicate whether you, your spouse, and/or another person currently take or have taken responsibility for the various duties regarding the children. You may check more than one box for a particular item if two or more persons apply.

	You	Spouse	Other	N/A
Helped children put on clothes				
Gave children baths				
Took care of children during the day				
Put children to bed at night				
Prepared food for children				
Made medical/dental appointments for children				
Took children to the doctor/dentist				
Took care of children when sick				
Made arrangements for outside child care				
Communicated with day care personnel				
Took children to day care or sitters				
Took children to school				
Participated in children's education				
Picked up children from school				
Met with teachers/principal				
Helped children with homework				
Took children to extracurricular activities				
Participated in outdoor activities with children				
Organized children's time with friends				
Contacted parents of children's friends				
Arranged children's birthday activities				
Shopped for children's clothes, shoes and other				
Bought gifts for the children				
Taught money management to children				
Took children to church				
Disciplined the children				
Helped the children when they have "problems" or				
Other not listed above:				
Other not listed above:				

If you checked "Other" regarding any of the above, please identify each such person, and generally describe the extent of his or her involvement with the children:

Are the children in day care or with a sitter on a regular basis (if so, provide frequency, name, address and phone number of day care, or sitter)? __

Describe any other issue pertaining to the children that you feel should be noted in reference to this case that has not been provided through previous answers: ____

PRIOR MARITAL HISTORY

A. CLIENT'S PRIOR MARRIAGES:

Name of 1st Ex-spouse: __

How, When and Where Marriage Terminated:

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
	_____	_____
	_____	_____

Indicate if you currently pay or receive any child support on behalf of these children? __

Name of 2nd Ex-spouse: _

How, When and Where Marriage Terminated:

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
	_____	_____
	_____	_____

Indicate if you currently pay or receive any child support on behalf of these children? __

Name of 3rd Ex-spouse: __

How, When and Where Marriage Terminated:

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
	_____	_____
	_____	_____

Indicate if you currently pay or receive any child support on behalf of these children? __

B. SPOUSE'S PRIOR MARRIAGES:

Name of 1st Ex-spouse: __

How, When and Where Marriage Terminated:

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
	_____	_____
	_____	_____

Indicate if your spouse currently pays or receives any child support on behalf of these children? ____

Name of 2nd Ex-spouse: _

How, When and Where Marriage Terminated:

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
	_____	_____
	_____	_____

Indicate if your spouse currently pays or receives any child support on behalf of these children? ____

Name of 3rd Ex-spouse: __

How, When and Where Marriage Terminated:

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
	_____	_____
	_____	_____

Indicate if your spouse currently pays or receives any child support on behalf of these children? ____

MARITAL MISCONDUCT

From the list below, select if you or your spouse has done any of the following:

	You	Spouse
Physically abused spouse		
Verbally abused spouse		
Sexually abused spouse		
Abused a child		
Engaged in an extramarital relationship		
Spent marital funds on an extramarital		
Tried to commit suicide		
Has an emotional or psychiatric condition		
Committed a crime		
Been arrested		
Been detained in jail		
Abused alcohol		
Abused prescription drugs		
Used illegal drugs		
Been hospitalized for alcohol and/or drugs		
Spent marital funds for drugs or excessive		
Been arrested for driving while intoxicated		
Engaged in fraud		
Gambled		
Other illegal activities:		
Destroyed property or other items		
Hidden, wasted or dissipated assets		
Spent beyond means or poorly managed		
Other not listed above:		
Other not listed above:		

Describe when and how you first learned of spouse's marital misconduct, if spouse has admitted misconduct to you, and if you are aware of the frequency of the misconduct: _

What effect has spouse's misconduct had on you? __

Are children aware of misconduct? If so, how has it affected children? ____

Are you, or your children, currently in counseling, or planning to begin counseling regarding the misconduct? If so, what is the cost of the counseling? _____

When marital difficulties began, did you and/or your spouse seek counseling? If so, provide the name of the marriage counselor, the duration of counseling, whether the counseling was joint or individual, and your reasons to discontinue counseling. _

Has any spousal or child abuse been reported to a law enforcement agency? If yes, provide name of agency and date of incident and attach a copy of any police report if available. ____

STANDARD OF LIVING:

Describe the family's standard of living during the last 2 years: ____

List any memberships to social clubs, including monthly dues, average club bill in addition to monthly dues, frequency of club use, and any particular use by each family member: ____

Describe regular family vacations: ____

Describe separate adult vacations: ____

Describe frequency, and manner of entertaining others: ____

Describe use and frequency of maids or other help: _

Describe frequency of purchasing or leasing new cars: _____

Have your children been provided with cars? _

Describe Community activities and involvement: _____

Describe anything not mentioned above regarding your standard of living or social status you consider significant to the outcome of this case:

FAMILY FINANCES:

Which spouse has primary responsibility for the finances? __

Did this responsibility shift (if so, please explain)? ____

Was income consolidated? _____

Was any income or asset treated differently (if yes, please explain)? _____

Describe the method of filing tax returns: _____

Describe any family savings plans or retirement plans: _____

Describe anything unusual or significant about the handling of family finances not mentioned above: _

Provide any information not already requested in the preceding questions that you consider important to a fair and equitable result in your case (add additional pages, if necessary):__

CLIENT'S MEDICAL INFORMATION

Describe your current health condition: _

Date of last physical examination: _____

Name, address and phone number of physician: _____

If you have any physical disabilities, please describe the nature of the disability: _

If you have been hospitalized in the past 5 years, for each hospitalization, please describe the date you were hospitalized, the name of the hospital, the reason for hospitalization, the outcome of such hospitalization, and your treating physician:

Describe any major health problems during the marriage not requiring hospitalization: _

Do you have any sexually transmitted disease (if so, please specify)? _____

List any medications you are currently taking on a regular basis:___

If you are currently, or have ever been under the care of a mental health professional, please provide the name and address of the mental health professional and the dates and frequency of the therapy provided: _

SPOUSE'S MEDICAL INFORMATION

To the best of your knowledge, describe your spouse's current health condition: _

If known, date of spouse's last physical examination:

Name, address and phone number of physician: _____

If your spouse has any physical disabilities, please describe the nature of the disability:

If your spouse has been hospitalized in the past 5 years, for each hospitalization, please describe the date your spouse was hospitalized, the name of the hospital, the reason for hospitalization, the outcome of such hospitalization, and your spouse's treating physician:_____

Describe any major health problems during the marriage not requiring hospitalization: _

Does your spouse have any sexually transmitted disease (if so, please specify)? _____

List any medications your spouse is currently taking on a regular basis:___

If your spouse is currently, or has ever been under the care of a mental health professional, please provide the name and address of the mental health professional and the dates and frequency of the therapy provided:

LIST OF APPRAISERS AND PROFESSIONAL ADVISORS

For each professional, indicate whether such professional is an advisor on behalf of yourself, your spouse, or both, by placing a check mark on the line under the appropriate column.

Name, Address and Phone Number:	Client	Spouse
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Accountant:

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Stock Broker:

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Insurance Agent:

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Appraiser:

--	--	--

Family/Marriage Counselor/Psychiatrist:

--	--	--

Family Physician:

--	--	--

Family Medical Specialist:

--	--	--

Other: _____

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WITNESS LIST

Identify all witnesses you think are important to your case. Possible witnesses might include neighbors, the children's teachers, babysitters, day care workers, friends, doctors, clergy, and family members or others. Also list witnesses who might testify on behalf of your spouse. If the witness would testify on behalf of your spouse, indicate such under the column entitled "Expected Testimony".

NAME, ADDRESS and PHONE NUMBER:	EXPECTED TESTIMONY:

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RELIEF REQUESTED BY CLIENT

Children

Primary residential care of children
Sole parental responsibility of children
Split custody of the children
Child support - \$_____ Monthly
Continued medical insurance
Provide for specific expenses (i.e., extracurricular activities, etc.)
Provide for disabled child
Agreement for college expenses

Alimony

Permanent - \$_____ Monthly
Rehabilitative - \$_____ Monthly
Lump sum - \$_____
Continued medical insurance

Distribution of Real Estate

Exclusive use of marital home
Possession of marital home until children finish High School
Title to marital home as lump sum alimony
Special equity in marital home
Partition or sale of marital home
Exclusive use of other real estate
Title to other realty as lump sum alimony
Special equity in other realty
Partition of other realty

Distribution of Personal Property

Life insurance
Exclusive use and title to contents of residence
Return of removed property
Division of joint checking/savings accounts

Return of \$_____ joint funds removed by spouse
Exclusive use and title to _____ automobile
Stocks
Bonds
C.D. or money market account
Pension plan or retirement fund
Profit sharing plan

Liabilities

Mortgage payments
Charge accounts
Attorney's fees
Miscellaneous

Other

Maintain confidentiality of financial information
Restoration of Maiden Name to _

Temporary Orders

Temporary Custody
Special provisions for upcoming holidays
Supervised visitation
No visitation
Restrictions on communications between parties
Prevent removal of child from state or country
Prevent passport services or surrender passport of children
Child Support \$_____ Monthly
Health Insurance for children
Custodial evaluation
Psychological exam

Exclusive use of home
Other party to pay mortgage or rent - \$ _____
Other party pay utilities
Exclusive use of vehicle
Operation of business
Exclusive use of other assets
Car payment and insurance \$ _____
Payment of other liabilities
Temporary spousal support \$ _____
Health insurance
Injunction to preserve assets, freeze accounts
Limit expenditures for living expenses, business
Injunction against domestic violence
Injunction against harassment
Temporary attorney's fees

