

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.

Date: _____

A. CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____ Facsimile Number: _____

E-mail Address: _____ Driver's License Number: _____

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? _____

Do you have a Will? _____ If so, do you wish it to be reviewed? _____
(If so, please return a copy of the Will with this completed form.)

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: _____ Facsimile Number: _____
E-mail Address: _____ Driver's License Number: _____

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 provide 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:	SSNo.:	Place of Birth:	Date of Birth:	Living With:	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, dependancy 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 parenting plan (if so, please explain)? _____

Who should have primary parental responsibility 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 other 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 necessities	_____	_____	_____	_____
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 "issues"	_____	_____	_____	_____
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: _____
