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**CONFIDENTIAL CLIENT QUESTIONNAIRE**  
**OUR INITIAL CONSULTATION FEE IS \$300**

**PERSONAL INFORMATION**

Date you completed this form: \_\_\_\_\_

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

County of Home Address: \_\_\_\_\_ Lived at Address Since: \_\_\_\_\_

Work Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Please circle mailing address:    Home    Work    Other.**

**If "Other" address is selected, please list the address below:**

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Information:

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list below any directions or restrictions in contacting you:

\_\_\_\_\_  
\_\_\_\_\_

<b>For Office Use:</b> Entered in Contacts: Y N Open File: Y N	Attorney:
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**INFORMATION ON SPOUSE:**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

County of Home Address: \_\_\_\_\_ Lived at Address Since: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**REASON FOR CONSULTATION:** \_\_\_\_\_

**Have you consulted with any other attorneys regarding this matter?** \_\_\_\_\_

**MARRIAGE HISTORY:**

Date of Marriage: \_\_\_\_\_

Place: \_\_\_\_\_  
(City) (County) (State)

Number of this marriage for you: \_\_\_\_\_ Number of this marriage for your spouse: \_\_\_\_\_

Are you and your spouse living together now (Circle one)? Yes No. Date of separation: \_\_\_\_\_

When was the last time you had sexual relations with your spouse? \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILDREN:**

Name	Date of Birth	Living With	Social Security No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Addresses at which the children have lived for the past five years and with whom they lived:  
\_\_\_\_\_  
\_\_\_\_\_

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Do you anticipate a dispute about custody of the children? **Yes No** (Circle One).

If so, do you request joint or sole custody? \_\_\_\_\_.

Do any of your children have either any physical or mental limitations such as (ADHD, learning disorder or handicapped) \_\_\_\_\_

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**INFORMATION ABOUT YOUR EMPLOYMENT:**

Are you employed? **Yes No** (Circle One).

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employed Since: \_\_\_\_\_ Salary: \_\_\_\_\_

Please list below any educational and vocational training after high school:

<b>Institution</b>	<b>Dates of Attendance</b>	<b>Degree/Certificate</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INFORMATION ABOUT YOUR SPOUSE'S EMPLOYMENT:**

Is your spouse employed? **Yes No** (Circle One).

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employed Since: \_\_\_\_\_ Salary: \_\_\_\_\_

Please list below any educational and vocational training after high school:

<b>Institution</b>	<b>Dates of Attendance</b>	<b>Degree/Certificate</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INFORMATION ABOUT PRIOR MARRIAGES:**

If you and/or your spouse have been married before, please list the names of prior spouse(s) and how the prior marriage(s) ended:

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**PRIOR PROCEEDINGS**

Have there been any legal or other proceedings between you and your spouse? **Yes No** (Circle One). If yes explain.

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**CPA or Accountants name :** \_\_\_\_\_

**ASSETS**

List all major assets owed by you and your spouse with approximate value of each.

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**MARITAL AGREEMENTS** Is there a prenuptial or postnuptial agreement? **Yes No** If so when was it signed and do you have a copy with you? \_\_\_\_\_

**DOMESTIC VIOLENCE** has either party been physically abusive to the other party? If so when \_\_\_\_\_

Was a police report made? \_\_\_\_\_

**RECONCILIATION:**

Are you interested in reconciliation? **Yes No** (Circle One). Does your spouse, as far as you know? **Yes No**.

Have you tried marriage counseling? **Yes No** (Circle One).

If yes, please provided the names of the counselor(s) or therapist(s) and the dates you attended counseling sessions:

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**OTHER:**

Has your spouse consulted an attorney regarding this matter? **Yes No** (Circle One).

Name and address of attorney, if known: \_\_\_\_\_

Will you be requesting alimony in this action? **Yes No** (Circle One).

You intend to pay your retainer by Check \_\_\_\_\_ Cash \_\_\_\_\_

**THANK YOU**

**WE DO NOT REPRESENT YOU UNTIL A RETAINER IS PAID AND A FEE CONTRACT EXECUTED**

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**CLIENT ACKNOWLEDGMENT**