

CLIENT QUESTIONNAIRE

General Instructions and Information

- ✓ Please fill out and return this questionnaire as soon as possible.
- ✓ Please be candid in your answers. The information in this document is subject to the Attorney-Client privilege.
- ✓ Put "N/A" in spaces where the information requested is not applicable to your situation, or put a line through the entire section if it is not relevant; this is so a reader will know that you did not simply forget the item. Put "EST" where an amount is estimated.
- ✓ Pencil in "UNK" where you don't know the requested information. Keep a list of things you don't yet know and need to find out. There may be some things you can't get, but put some effort into digging out information and completing as much of the forms as possible.
- ✓ If you run out of room on any item, attach another sheet with a heading that says "continuation of item (x)," and continue on that sheet. When you are completely finished, note the total number of additional pages at the top of the first sheet and staple them all together.

Section 1. Personal Information

A. Information About You

First Name	Middle Name	Last Name	Former/Maiden Name
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Address of Residence	City	County	State - ZIP
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Mailing Address	City	State - ZIP
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Employer

Employer's Mailing Address	City	State - ZIP
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Home Phone	Work Phone	Cell Phone	Fax Number
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WARNING: Please provide any special instructions or limitations regarding how our office should contact you. If you do not put any instructions, we will assume you want correspondence to go to your home and it is okay to contact you at your home number.

E-Mail Address	Social Security Number _____-_____-_____	Driver's License Number and State	Date of Birth / Place of Birth
<input type="checkbox"/> I do not want my former/maiden name restored. <input type="checkbox"/> I want my former/maiden name restored as follows: _____			
If you are living with anyone (other than your spouse or children) please list their full name, relationship to you and their age.			
Your education:			

B. Information About Your Spouse or Ex-Spouse			
First Name	Middle Name	Last Name	Former/Maiden Name
Address		City	State - ZIP
Mailing Address		City	State - ZIP
Employer			
Employer's Mailing Address		City	State - ZIP
Home Phone ()	Work Phone ()	Cell Phone ()	Fax Number ()
E-Mail Address	Social Security Number _____-_____-_____	Driver's License Number and State	Date of Birth / Place of Birth

If your spouse is living with anyone (other than you or your children) please list their full name, relationship to your spouse and their age.			
Spouse / Ex-Spouse's Attorney	Address	City	State - ZIP
Your spouse's/ex-spouse's education:			

C. Information About Your Marriage		
Date of Marriage	Place of Marriage	<input type="checkbox"/> We have a pre or post marital agreement. <input type="checkbox"/> We do not have a pre or post marital agreement.
Have you or your spouse ever filed for divorce in the past?	Have you or your spouse ever filed for a Protective Order?	
What is your religious preference?	What is your spouse's/ex-spouse's religious preference?	
Did your Marriage Involve: <ul style="list-style-type: none"> <input type="checkbox"/> Adultery <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Cruelty <input type="checkbox"/> Insupportibility <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Felony Conviction(s) <input type="checkbox"/> Transmission of a Sexual Disease 		
Separation <ul style="list-style-type: none"> <input type="checkbox"/> We are not yet separated. <input type="checkbox"/> We have seen or are seeing a marriage counselor. <input type="checkbox"/> We separated on _____. Arrangements/Agreements Regarding Separation: <ul style="list-style-type: none"> <input type="checkbox"/> We have made no written agreements and have no oral understandings. <input type="checkbox"/> We have a written agreement which is attached. <input type="checkbox"/> We have oral agreements or understandings as follows: 		

MY SPOUSE'S CHILDREN BORN OR ADOPTED INTO PREVIOUS MARRIAGES (AND NON-MARITAL CHILDREN)

1.			
Name	Date of Birth	Social Security Number	Current Residence
2.			
Name	Date of Birth	Social Security Number	Current Residence
3.			
Name	Date of Birth	Social Security Number	Current Residence

F. Other Information

- I have no Last Will and Testament.
- I have a Last Will and Testament that was executed on ____ / ____ / ____

Who Referred you to this Office:

Section 2. Information for Temporary Restraining Order

When your case is filed the Court can issue a Temporary Restraining Order preventing your spouse or ex-spouse from doing certain specific things regarding you and regarding money and property. The following information will be used to ensure that you and your property is protected during the pendency of your case.

A. Residence and Vehicles

Please provide the full address of the residence where you want to stay during the pendency of your suit:

Address: _____

Please provide the year, make, model, and VIN number of the vehicle currently in your possession:

Year _____

Make _____

Model _____

VIN _____

Is this the vehicle you want possession and control of during the pendency of your suit? _____

B. Accounts and Other Assets

Your Temporary Restraining Order can be served on financial institutions who customarily freeze accounts and assets upon receipt of the Temporary Restraining Order. This prevents the hiding or wasting of community assets during the divorce proceeding. However, it can also cause inconvenience if the account you use for daily living expenses is frozen. Please list the following information for each financial institution that should receive a copy of the Temporary Restraining Order:

Name of Institution	_____
Address	_____
City, State ZIP	_____
Telephone	_____
Purpose or Use of Account	_____
Type of Account	_____
Name on Account	_____
Account Number	_____
Financial Advisor	_____
Name of Institution	_____
Address	_____
City, State ZIP	_____
Telephone	_____
Purpose or Use of Account	_____
Type of Account	_____
Name on Account	_____
Account Number	_____
Financial Advisor	_____
Name of Institution	_____
Address	_____
City, State ZIP	_____
Telephone	_____
Purpose or Use of Account	_____
Type of Account	_____
Name on Account	_____
Account Number	_____
Financial Advisor	_____

Section 3. "Skeletons in the Closet" and Sensitive Topics

Do you anticipate that anyone will allege that you or your spouse or ex-spouse have done any of the following (answer Yes or No for each):

		You	Your Spouse or Ex-Spouse
1.	Committed a crime?		
2.	Been arrested?		
3.	Been in jail or prison?		
4.	Used illegal drugs?		
5.	Been hospitalized for abusing illegal drugs?		
6.	Abused prescription drugs?		
7.	Been hospitalized for abusing prescription drugs?		
8.	Abused Alcohol?		
9.	Been hospitalized for abusing alcohol?		
10.	Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?		
11.	Engaged in gambling (legal or illegal)?		
12.	Engaged in other illegal activities?		
13.	Attempted suicide?		
14.	Been hospitalized for an emotional or psychiatric condition?		
15.	Suffered from or received treatment for an emotional or psychiatric condition?		
16.	Abused own spouse?		
17.	Been accused of child abuse?		
18.	Had a sexual relationship during the marriage with someone other than own spouse?		
19.	Had a sexual relationship with someone other than own spouse of which the children were aware?		
20.	Had a homosexual/bisexual relationship?		

Section 4. Disposition of File

Upon completion of your case, you have several choices regarding the treatment of your file. You may elect to receive a copy of your file on CD. Please note your preference with a check mark in the appropriate box.

1.	I would like a copy of my file on CD.	
2.	I would not like a copy of my file on CD.	

You may also receive your original paper file if you so desire. Please note your preference with a check mark in the appropriate box.

1.	I would like my file returned to me at the close of my case.	
2.	I would like my file returned to me and a copy of my file on CD.	
3.	I would not like my file returned to me and I wish for it to be disposed of appropriately at the close of my case.	
4.	I would not like my file returned to me and I wish for it to be shredded at the close of my case.	