

## **NEW CLIENT QUESTIONNAIRE**

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

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home)  
\_\_\_\_\_ (cell)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Have you ever been, or are you currently in the military?                      Yes                      No

### Employment Information

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Wages/Salary: \_\_\_\_\_

Do you have health insurance through your employer?                      Yes                      No

If so, please provide name of insurance company and premium amount

paid: \_\_\_\_\_

Opposing Party's Contact Information

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relation to you (if any): \_\_\_\_\_

Date of Birth (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Social Security Number (if known): \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name of Opposing Counsel (if known): \_\_\_\_\_

Type of Case

Divorce/Contempt/Modification \_\_\_\_\_

Personal Injury \_\_\_\_\_

Other \_\_\_\_\_

Has a hearing been set in your case, or are there any other deadlines pending? \_\_\_\_\_

\_\_\_\_\_

How were you referred to me? (Phonebook, Yellow Book ad, website, etc.)

\_\_\_\_\_

**IF THIS IS A FAMILY LAW CASE, PLEASE FILL OUT THE FOLLOWING  
ADDITIONAL INFORMATION**

Date and County of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

**Children**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Has custody of the child(ren) ever been an issue in any court of law? If so, state the court in which the action was brought, what type of action was taken, and when the action took place:

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

Is there anyone other than the parents who could claim a right to custody of or visitation with the child(ren)? If so, identify:

\_\_\_\_\_

Are you currently expecting another child? Yes No

**Spouse's Employment Information**

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Wages/Salary: \_\_\_\_\_

Has your spouse ever been, or is s/he currently, in the military? Yes No