

FAMILY LAW QUESTIONNAIRE

Please complete this questionnaire and return it to our office before your first appointment. If you will spend the time to complete all items, we will then have the necessary background information to understand the complexity of the personal aspects of your situation. All information will be held in strictest confidence.

** Please feel free to attach additional pages should it become necessary*

Referred to our office by: _____ Date: _____

Nature of current legal issue:

- Dissolution of Marriage with or without children
- Paternity and/or Establishment of Child Support
- Post-judgment (Enforcement, Contempt, Modification)

AT WHAT LEVEL OF URGENCY DO YOU RATE YOUR CURRENT LEGAL ISSUE?

- Critically urgent - Emergency situation needing immediate attention
- Urgent - Need to take quick action
- Important - Need to initiate action but there are no immediate issues
- I just want to see what my options are at this time

Wife/Mother's Name: _____

Address: _____

Contact Information: Home - _____
Cell - _____
Work - _____
E-mail - _____
Facsimile - _____

Date of Birth: _____

Driver's License Number: _____

** Please provide of a copy of your license*

Social Security Number: _____

Maiden Name: _____

Requesting restoration of maiden name: Yes No

Husband/Father's Name: _____

Address: _____

Contact Information: Home - _____
Cell - _____
Work - _____
E-mail - _____
Facsimile - _____

Date of Birth : _____

Driver's License Number: _____

** Please provide a copy of your driver's license*

Social Security Number: _____

Is the other party currently represented by an attorney?

Yes No

If yes, please provide the following information:

Name: _____

Address: _____

Telephone Number: _____

OCCUPATION

Wife/Mother Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Gross Income: _____

Net Income: _____

Husband/Father Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Gross Income: _____

Net Income: _____

LEVEL OF EDUCATION:

Wife/Mother - Last grade completed: _____

Husband/Father - Last grade completed: _____

MARITAL BACKGROUND

Current marriage and/or relationship:

Date and location of marriage: _____

Date of separation: _____

Have the parties lived in Florida for at least six (6) months prior to this date?

Wife/Mother Yes No Husband/Father Yes No

If neither party has resided in Florida for at least six (6) months, please indicate the State of residence for the six (6) month period before moving to Florida:

Date of move to Florida: _____

Has proceeding started? Yes No

Have papers been served? Yes No

If yes, who started the proceeding, when and where? _____

If no, when and where do you want the other party served _____

Do you want the other party removed from the home? Yes No
If yes, why? _____

Prior marriage and/or relationship?

Has either party ever been married before?
Wife/Mother Yes No Husband/Father Yes No

If yes, please indicate the following:
Wife/Mother:
Date of entry of final judgment: _____
County/State of final judgment: _____
Name and address of former spouse: _____

Husband/Father:
Date of entry of final judgment: _____
County/State of final judgment: _____
Name and address of former spouse: _____

Are there children born or adopted as a result of this prior marriage and/or relationship?
 Yes No

If yes, please provide the following information:

<u>Name</u>	<u>Age</u>	<u>Present Address</u>

Are you presently receiving or paying support payments for children of a prior marriage and/or relationship?

Yes No Paying Receiving
If yes, please state the amount \$ _____ per _____

Have there been physical altercations between you and the other party?

Yes No
If yes, please explain: _____

Is there a police report?

Yes No

If yes, please provide us with a copy.

Does either party have a problem with alcohol, drugs or other type of addictive behaviors?

Yes No Wife/Mother Husband/Father

If yes, please explain: _____

Is either party currently undergoing counseling or therapy for any reason?

Yes No Wife/Mother Husband/Father

If yes, please explain: _____

MARRIAGE/RELATIONSHIP HISTORY

Why do you believe that your marriage/relationship is irretrievably broken (broken beyond repair)? _____

Have either of you had marital/couples or individual counseling?

Yes No Wife/Mother Husband/Father

If yes, with whom and for how long _____

If no, would you consider it at this time?

Yes No

Are there any conditions you would require before agreeing to counseling?

CHILDREN FROM THIS MARRIAGE AND/OR RELATIONSHIP

Is the Wife/Mother currently pregnant?

Yes No

If yes, due date: _____

Are there children born of this marriage and/or relationship?

Yes No

If yes, please provide the following information:

Name D.O.B Soc. Sec. Number Present Address

With whom do the children reside?

Wife/Mother Husband/Father Other

If other, please provide the name and address of this individual(s):

Have there been any prior court actions involving these children?

Yes No

If yes, please provide the following:

Type of action: _____

County/State: _____

Case Number: _____

Current status: _____

Do you and the other party have any type of agreement, verbal or written regarding custody of these children?

Yes No

If yes, please provide the details of that agreement:

(If the agreement is in writing, please provide us with a copy)

If no, what arrangement would you like to have:

What does the child(ren) want? **Please note that what the child wants may not necessarily be in their best interest.*

Please briefly describe the allocation of parenting duties between you and the other party:

Does any child of the marriage/relationship now (or has any child in the past) received any type of counseling?

Yes No

If yes, please provide the nature of that counseling and the provider's name, address and telephone number: _____

Does any child have any special medical, educational or developmental needs?

Yes No

If yes, please provide the nature of those needs _____

Do you feel that you or the other party have used excessive discipline with the child(ren)?

Yes No

If yes, explain: _____

Is health and/or dental insurance available for the child(ren)?

Yes No

If yes, please provide the nature of that coverage: _____

Provided by:

Wife/Mother Husband/Father

MILITARY

Is either party currently serving in the military?

Wife/Mother: Yes No

Husband/Father: Yes No

If yes, where are they stationed _____

Do you have contact information for them?

Wife/Mother: Yes No

Husband/Father: Yes No

If yes, where are they stationed _____

RELIGIOUS AND FRATERNAL BACKGROUND

Please list the social and fraternal organizations to which you belong: _____

Please list your religious affiliations at the present time: _____

If you are active in your religion, please provide the name and contact information for your pastor, rabbi or priest: _____

PROPERTY

Do either of you, jointly or separately own any properties which *produce income*?

- Yes No
 Wife/Mother Husband/Father: Jointly

If yes, please provide the following information:

Address: _____

Whose name is on the title: _____

Location of title papers: _____

Who made the down payment: Wife/Mother Husband/Father Joint Funds

Who holds the mortgage: _____

Mortgage payment amount: _____

Is mortgage current: Yes No

Balance of mortgage: _____

Approximate present value: _____

Who makes the payments: Wife/Mother Husband/Father Joint Funds

Gross monthly income from this property: _____

Net monthly income from this property: _____

Can you provide an income-expense statement: Yes No

Do either of you, jointly or separately own any other properties?

- Yes No
 Wife/Mother Husband/Father: Jointly

If yes, please provide the following information:

Is this the marital/familial home: Yes No

Address: _____

Was this property purchased before or during the marriage/relationship:

- Before During

Date purchased: _____

Whose name is on the title: _____

Location of title papers: _____

Who made the down payment: Wife/Mother Husband/Father Joint Funds

Who holds the mortgage: _____

Mortgage payment amount: _____

Annual taxes: _____

Is mortgage current: Yes No

Balance of mortgage: _____

Approximate present value: _____

Who makes the payments: Wife/Mother Husband/Father Joint Funds

If no, please provide the following information:

Landlord Name: _____

Address: _____

Telephone Number: _____

Rent Amount: _____

Is the rent current: Yes No

Who makes the rent payments: Wife/Mother Husband/Father Joint Funds

Do you have personal property (furniture, furnishings, art, jewelry, etc.,) in this (these) homes?
 Yes No

Have these items been divided to both parties satisfaction?
 Yes No
If no, please explain: _____

FINANCIAL

Please provide the following information concerning any bank accounts that you own either individually or jointly with your spouse or with another individual (such as a parent, sibling or child):

<u>Bank</u>	<u>Location</u>	<u>Current balance</u>	<u>Joint/Individual</u>
_____	_____	_____	_____
_____	_____	_____	_____

Do you jointly or individually own any safety deposit boxes?
 Yes No

If yes, please provide the following information:

<u>Bank</u>	<u>Location</u>	<u>Contents</u>	<u>Joint/Individual</u>
_____	_____	_____	_____
_____	_____	_____	_____

Do you own any stocks or bonds either jointly or individually?
 Yes No

If yes, please provide the following information:

<u>Bank</u>	<u>Location</u>	<u>Value</u>	<u>Joint/Individual</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEBTS

Please list those debts, such as car loans and credit cards, for which you are either jointly or individually responsible:

<u>To Whom Owed</u>	<u>Monthly Payment</u>	<u>Balance</u>	<u>Joint/Individual</u>
_____	_____	_____	_____
_____	_____	_____	_____

