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FAMILY LAW QUESTIONNAIRE

The following information will be needed by your attorney in order to properly advise you and handle your case. Please print and answer every applicable question. If a question does not apply, please write "N/A" in the space. **Do not leave any blanks.** This information will help us help you.

Full name:(Last) Have you ever been know	(First) n by any other names	(Middle) s? If so, what na	(Maiden) me(s)?	
Present address:				
(City)	(County)	(State)	(Zip)	
Mailing address (if different have access:	ent from above) for m	nail during pende	ency of case where the	e other party
	/	/		
Social Security Number)				
(Employer)	(Work Phone)	//	(Work Address)	
How long have you lived	at your present addre	ss?		
How long have you lived	in this State?			-
Do youown,	rent, or	live with rel	atives?	
Date of birth:		A	Age:	
State of your birth:				
Highest grade you comple	eted in school:		lege) (Degree)	
Marital status:	(High	n School) (Col	lege) (Degree)	(Graduate)
f married previously, how	v many marriages we	re ended due to	the death of your spou	se?
How many were ended du	e to divorce or dissol	lution?		
f you are divorced, in wh	at accepts and state w	vas/ware the divo	rca(s) grantad?	



N.	Do you have any p	hysical disabili	ties? If so, pleas	se describe:			
О.	Do you have a will	1?					
P.	Who referred you	to this law offic	e?				
2.	EMPLOYMENT	INFORMATI	ON - CLIENT				
A.	Are you presently	employed?	Yes	No			
B.	Name and full add	ress of employe	er:				
	(City)	(County)	(State	e)	(Zip)		
C.	How long have yo	u been so emplo	oyed?				
D.	What is your appro	oximate gross sa	alary (before de	eductions): \$_		_ per hour	
\$	per week	\$	per month				
E.	What is your job ti	itle?					
F.	Do you have a pen	sion or profit sh	naring plan thro	ugh your empl	loyer?Yes	s_No	
G.	If you are not pres	ently employed	, when and whe	ere were you la	st employed	?	
When:	·	Where:		_ Job Title:		_	
Salary	at time of employn	nent termination	ı: \$				
Why v	vas your employme	nt terminated? _					
Н.	Do you have any s	ource of income	e other than from	m your employ	ment?		
If so. e	explain in detail:						
,							
3.	PERSONAL INF	ORMATION -	OTHER PAR	ATY			
A.	Name:(Las		(First)	() X · 1	Idla)	(Maid)	
D	`	,	,	(Mid	iaie)	(Maiden)	
B.	Address:						
	(City)	(Cou	inty)	(Stat	e)	(Zip)	



C.	(Social Security Number) (Home Phone) (Work Phone)	
D.	How long has s/he lived at present address?	
E.	How long has s/he lived in this State?	
F.	Does s/heown,rent, orlive with relatives?	
G.	His/her date of birth:Age:	
H.	State of his/her birth:	
I.	Highest grade he/she completed in school: (High School) (College) (Degree) (Gradua	te)
J.	Marital status:	
	If married previously, how many marriages were ended due to the death of his/her spouse?	·
	How many were ended due to divorce or dissolution?	
	If s/he was previously divorced, in what county and state was/were the divorce(s) granted?	
K.	Is the other party an active member of the Armed Forces?	
L.	Does the other party have any physical disabilities? If so, describe:	
М.	Does the other party have a will?	
4.	EMPLOYMENT INFORMATION – OTHER PARTY	
A.	Is s/he presently employed?YesNo	
B.	Name and full address of employer:	
	(City) (County) (State) (Zip)	
C.	How long has he/she been so employed?	
D.	Approximate gross salary (before deductions):	
	\$ per hour \$ per week \$ per month	
E.	What is his/her job title?	
F.	Does he/she have a pension or profit sharing plan through his/her employer?	



	Where: Job Title:
	Salary at time of employment termination: \$
	Why was employment terminated?
I.	Does s/he have any source of income other than from employment? If so, explain in detail:
١.	MARRIAGE STATISTICS Date of Marriage:
3.	Marriage License obtained at:
· .	Where Married?
).	Did you live with your spouse before marriage?
	Date of Separation?
	Is the other party pregnant at this time? Yes No
ì.	Have you and the other party entered into any pre-nuptial (before marriage) or post-nuptial (after
	marriage) agreements? Yes No
	If yes, did you bring a copy of it? Yes No
	If you did not bring a copy of it, do you have access to a copy? Yes No

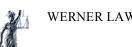
List children born to you and your spouse. Include children adopted by you and your spouse. List oldest child first. Indicate whether child was born to you or adopted. Do not include children of a previous marriage who have not been adopted by you or your spouse.

Full Name	Date of Birth	Age	Married	Health	Grade	Private/Public School

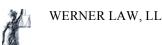


Who has act	tual physical custo	ody of the minor child(en) at this t	ime?
	Mother	Father_		Joint
With whom	and where has the	e child(ren) resided for	the last sixt	ey (60) days?:
Who do you	ı feel is best suited	I to have legal custody	of the mino	r child(ren):
	Mother	Father_		Joint
Why? Be si	pecific:			
s the other		nt to the minor child(re lived with anyone other	n)? Ye	es No
Is the other Has the min You Please list the such addresses	or child(ren) ever esNo ne addresses wher	lived with anyone other	n)? Yo	es No
Is the other Has the min	or child(ren) ever esNo ne addresses wher ses:	lived with anyone other	n)? Yo	es No or the other party?
Is the other: Has the min Y Please list the such addressed to t	or child(ren) ever esNo ne addresses wher ses: Address	lived with anyone other	n)? Ye	es No or the other party?

8. A.	MARRIAGE PROBLEMS Please state briefly your view of the basic marriage problems:
B.	Please state briefly any complaints the other party would have against you at this time regardless of whether said complaints are true or accurate:
	List and describe briefly all evidence in your possession or knowledge (including names and addresses of tnesses with a brief description of what can be proven by each) which will substantiate any misconduct by her party:
D.	What possible accusations might the other party raise in a contest to this action?



E. marria party:	Have either you or the other party filed a prior dissolution action regarding the other spouse to this age? If so, please state when and where, the ultimate disposition, and the attorneys who represented each
F.	Have you or the other party ever received marriage counseling? If so, please give approximate dates and the person with whom you counseled:
G.	Has your spouse or you received any separate counseling from anyone? If so, please give approximate dates and the person with whom each of you counseled:



	the minor child(ren) received any counseled:	ounseling? If so, please give appro	oximate dates and the person
9. ADE	DITIONAL INFORMATION		
	me, address and telephone number of living with you:	of your mother, father, and/or other	er nearest
Name	Address	Relationship	Telephone
10. Pleas	se state any other facts or comments	s which you feel your attorney sho	ould know regarding this matter:
	MARITAL ASSETS t all assets which you brought into to of Asset Present Value And Asset		In whose possession?

B. Please list all	assets which the other	party brough	nt into the marriag	e:
Description of Asset	Present Value	Amt Owed	Monthly Pmt	In whose possession?
C. Have either y If so, please explain		quired separa	te property by inh	eritance or gift during the marriage?
	ASSETS assets owned by you, you TE (land, farms, houses			
Name(s) of Legal Or Date Purchased Purchase Price	wner (On Deed)			
Estimated Present V Principal Balance O Name and Address of	n Loan			
		erse side of the	his sheet, giving f	ull information as above)
	D FURNITURE lue (not replacement val	ue or new cos	st) of household fo	urniture and furnishings:
\$ Principal balance of	any loan against your fu	ırniture: \$		
Name and address o	f lien holder on your fur	niture:		



C. VEHICLES (cars, trucks, motorcycles, boats, airplanes) Year, Make, Approximate Model (e.g., Ford Escape) Approx Value Lien	Amt. Lienholder
D. BANK ACCOUNTS List all accounts in name of husband and/or wife , including credit unions. Bank Name and Address Type of Account Name(s) of Owner(s)	Approx Balance
E. IRA'S List all individual retirement accounts. Bank or Fund Name and Address Name of Owner	Approx. Balance
F. STOCKS, BONDS, CERTIFICATES OF DEPOSIT, BUSINESS INTER Give full information on type of stock/bond/certificate, value and name of owner interest/livestock, and debt against the asset, if any. Use the reverse side of this sl	, type of location of business
G. INSURANCE POLICIES. Insurance policies on your life and the life of Co. Name and Address Name of Insured Name of Beneficiary	your spouse. Face Value Cash Value
H. PROFIT SHARING, PENSION, RETIREMENT OR THRIFT PLANS	

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List plans through any past or present employers for yourself and your spouse. Name of Employer Name(s) of Owner Va	alue
I. OTHER VALUABLE ASSETS List any other asset owned by you or your spouse not listed above. Use the reverse side of additional listings. Asset	this sheet for
Owner	
Present Value (approx)	
Lienholder Name/Address (if any)	
Lien Incurred by Wife, Husband or Joint	
13. DEBTS List all debts, including those set forth above. Name and Address Current Balance Secured? Yes/No Monthly Payment Cr	reditor



Other Concerns:							
Other Concerns:							
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