

NEW CLIENT QUESTIONNAIRE

Date: _____

CONFIDENTIALITY: The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

A. CLIENT INFORMATION:

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail Address: _____

Driver's License Number: _____ Soc. Sec. No.: _____ DOB: _____

Employer's Name (if any): _____

Job Title: _____ Salary: \$_____ weekly/biweekly/twice a month/monthly

B. OPPOSING PARTY INFORMATION:

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail Address: _____

Soc. Sec. No.: _____ Date of Birth: _____

Is opposing party represented by counsel in this matter? ____ Yes ____ No - If yes, provide opposing attorney's name: _____

Opposing Party Employer's Name (if any): _____

Occupation: _____

Salary: \$_____ weekly/biweekly/twice a month/monthly/weekly (circle one)

C. IF DISSOLUTION OF MARRIAGE COMPLETE:

Date of Marriage: _____

Place of Marriage: _____

Are you and your spouse currently living together? ___ Yes ___ No

If not, then Date of Separation: _____

Do you have an interest in reconciliation? ___ Yes ___ No

To the best of your knowledge, does your spouse want reconciliation? ___ Yes ___ No

Is the wife currently pregnant? ___ No ___ Yes; date child is due: _____

D. MINOR CHILDREN'S INFORMATION (from this marriage OR relationship):

Name	Date of Birth	Social Security Number

E. ISSUES:

Please list the issues that you believe are important to discuss in the dissolution of marriage or other family law action:

How did you hear about our office (check one):

___ Bell South ___ Talking Phone Book a/k/a Local Edge

___ Friend ___ Former Client

___ Internet

___ Military Web Site ___ Military Phone Book