



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.

Today's Date: _____

1. PERSONAL INFORMATION – CLIENT

A. Full name: _____
(Last) (First) (Middle) (Maiden)

B. Have you ever been known by any other names? If so, what name(s)?

C. Present address: _____

(City) (County) (State) (Zip)

D. Mailing address (if different from above) for mail during pendency of case **where the other party will not have access:**

E. _____ / _____ / _____ / _____
(Social Security Number) (Home Phone) (Cell Phone) (E-Mail Address)

_____ / _____ / _____
(Employer) (Work Phone) (Work Address)

F. How long have you lived at your present address? _____

G. How long have you lived in this State? _____

H. Do you _____ own, _____ rent, or _____ live with relatives?

I. Date of birth: _____ Age: _____

J. State of your birth: _____

K. Highest grade you completed in school: _____
(High School) (College) (Degree) (Graduate)

L. Marital status: _____

If married previously, how many marriages were ended due to the death of your spouse? _____.

How many were ended due to divorce or dissolution? _____.

If you are divorced, in what county and state was/were the divorce(s) granted?

M. Are you an active member of the Armed Forces? _____



N. Do you have any physical disabilities? If so, please describe: _____

O. Do you have a will? _____

P. Who referred you to this law office? _____

2. EMPLOYMENT INFORMATION - CLIENT

A. Are you presently employed? _____ Yes _____ No

B. Name and full address of employer: _____

(City) (County) (State) (Zip)

C. How long have you been so employed? _____

D. What is your approximate gross salary (**before** deductions): \$ _____ per hour
\$ _____ per week \$ _____ per month

E. What is your job title? _____

F. Do you have a pension or profit sharing plan through your employer? __ Yes __ No

G. If you are not presently employed, when and where were you last employed?

When: _____ Where: _____ Job Title: _____

Salary at time of employment termination: \$ _____

Why was your employment terminated? _____

H. Do you have any source of income other than from your employment? _____

If so, explain in detail: _____

3. PERSONAL INFORMATION - OTHER PARTY

A. Name: _____
(Last) (First) (Middle) (Maiden)

B. Address: _____

(City) (County) (State) (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/he _____ own, _____ rent, or _____ live 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) (Graduate)
- 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: _____
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M. Does the other party have a will? _____

4. EMPLOYMENT INFORMATION – OTHER PARTY

- A. Is s/he presently employed? _____ Yes _____ No
- 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? _____



G. If he/she is not presently employed, when was he/she last employed? When: _____
Where: _____ Job Title: _____
Salary at time of employment termination: \$ _____
Why was employment terminated? _____

H. Does s/he have any source of income other than from employment? _____ If so, explain in detail:

5. MARRIAGE STATISTICS

A. Date of Marriage: _____

B. Marriage License obtained at: _____

C. Where Married? _____

D. Did you live with your spouse before marriage? _____

E. Date of Separation? _____

F. Is the other party pregnant at this time? _____ Yes _____ No

G. 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



7. CUSTODY OF CHILD(REN)

A. Who has actual physical custody of the minor child(ren) at this time?

_____ Mother _____ Father _____ Joint

B. With whom and where has the child(ren) resided for the last sixty (60) days?:

C. Who do you feel is best suited to have legal custody of the minor child(ren):

_____ Mother _____ Father _____ Joint

Why? Be specific: _____

D. Is the other party a good parent to the minor child(ren)? ____ Yes ____ No

E. Has the minor child(ren) ever lived with anyone other than you or the other party?

_____ Yes _____ No

F. Please list the addresses where the child(ren) has lived for the last five (5) years and the dates lived at such addresses:

Date Address

G. Has there ever been any litigation concerning custody of this child(ren) in this or in any other state?

If so, when and where? _____

H. Have there been any discussions or agreements concerning child support? ____ Yes ____ No

If so, please describe and state amounts agreed upon: _____



8. MARRIAGE PROBLEMS

A. 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:

C. List and describe briefly all evidence in your possession or knowledge (including names and addresses of all witnesses with a brief description of what can be proven by each) which will substantiate any misconduct by the other party:

D. What possible accusations might the other party raise in a contest to this action?



E. Have either you or the other party filed a prior dissolution action regarding the other spouse to this marriage? If so, please state when and where, the ultimate disposition, and the attorneys who represented each party:

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:



H. Has the minor child(ren) received any counseling? If so, please give approximate dates and the person with whom they counseled:

9. ADDITIONAL INFORMATION

State the name, address and telephone number of your mother, father, and/or other nearest relative not living with you:

Name	Address	Relationship	Telephone
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10. Please state any other facts or comments which you feel your attorney should know regarding this matter:

11. PREMARITAL ASSETS

A. Please list all assets which **you** brought into the marriage:

Description of Asset	Present Value	Amt Owed	Monthly Pmt	In whose possession?
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B. Please list all assets which **the other party** brought into the marriage:

Description of Asset	Present Value	Amt Owed	Monthly Pmt	In whose possession?

C. Have either you or the other party acquired separate property by inheritance or gift during the marriage? If so, please explain:

PROPERTY AND ASSETS

List all property and assets owned by you, your spouse, or both of you jointly.

A. REAL ESTATE (land, farms, houses, duplexes, apartments or commercial buildings)

Address:

Name(s) of Legal Owner (On Deed)

Date Purchased

Purchase Price

Estimated Present Value

Principal Balance On Loan

Name and Address of Lender

(List additional pieces of property on the reverse side of this sheet, giving full information as above)

B. HOUSEHOLD FURNITURE

Estimate **present** value (not replacement value or new cost) of household furniture and furnishings:

\$ _____

Principal balance of any loan against your furniture: \$ _____

Name and address of lien holder on your furniture: _____



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 INTERESTS, LIVESTOCK

Give full information on type of stock/bond/certificate, value and name of owner, type of location of business interest/livestock, and debt against the asset, if any. Use the reverse side of this sheet, if necessary.

G. INSURANCE POLICIES. Insurance policies on your life and the life of your spouse.

Co. Name and Address Name of Insured Name of Beneficiary Face Value Cash Value

H. PROFIT SHARING, PENSION, RETIREMENT OR THRIFT PLANS

