



# WEST

## Family Law Group

### CLIENT QUESTIONNAIRE

Please complete all pages as accurately as possible for our client records.

**Please note that any items denoted with an asterisk (\*) is MANDATORY. We must have this information to file your case.**

#### **Personal Information:**

DATE: \_\_\_\_\_

Client:

Spouse/Opposing Party:

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

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

Mr./Mrs./Ms./Miss (circle one)

Mr./Mrs./Ms./Miss (circle one)

\*Birthdate: \_\_\_\_\_

\*Birthdate: \_\_\_\_\_

\*Soc. Sec. No.: \_\_\_\_\_

\*Soc. Sec. No.: \_\_\_\_\_

Home Address (include zip):

Home Address (include zip):

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Address:

Employer Address:

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

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

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### **Marriage Information:**

Marriage Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_

Place of Marriage (including county): \_\_\_\_\_

County Last Lived Together: \_\_\_\_\_

Wife's Maiden Name: \_\_\_\_\_

If This Is A Modification Action:

Final Judgment Date: \_\_\_\_\_ County/State: \_\_\_\_\_

**Children:**

\*Names: \_\_\_\_\_ \*Birthdate and Place of Birth: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

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

\*Children's residences for past 5 years:

\*Dates:

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

**General/Miscellaneous Information:**

Is there jointly owned real property? Yes No

Addresses: \_\_\_\_\_  
\_\_\_\_\_

Is there non-marital property? Yes No

Describe: \_\_\_\_\_  
\_\_\_\_\_

Are there pension/retirement benefits? Yes No

Whose? Client Spouse Both Parties

Is there a current health insurance policy? Yes No

Whose? Client Spouse Both Parties

Who covers the minor children? Client Spouse

Is there a current life insurance policy? Yes No

Whose? Client Spouse Both Parties

Face Value of policy(ies): \_\_\_\_\_

Client's Car: \_\_\_\_\_ Spouses's Car: \_\_\_\_\_  
How Titled: \_\_\_\_\_ How Titled: \_\_\_\_\_

**Issues and Priorities**

What do you see as the issues to be resolved? How would you like to see them settled? Please rank the issues according to priority or importance to you.

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Have you been injured in any way, physical or emotional, by your spouse? Explain.

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Referred By: \_\_\_\_\_

Have you received service of legal documents?      Yes      No

**Office Use Only:**

Client Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Case Number: \_\_\_\_\_ Circuit: \_\_\_\_\_

Opposing Counsel: \_\_\_\_\_

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RFQ: \_\_\_\_\_ Terms: \_\_\_\_\_

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Additional Notes: