



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.

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

Referred By: _____

Have you received service of legal documents? Yes No

Office Use Only:

Client Number: _____ Jurisdiction: _____

Case Number: _____ Circuit: _____

Opposing Counsel: _____

RFQ: _____ Terms: _____

Additional Notes: