



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:

Client:

*Name: _____

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

*Birthdate: _____

*Soc. Sec. No.: _____

Home Address (include zip):

Home Phone: _____

Employer: _____

Employer Address:

Work Phone: _____

Fax Number: _____

Email: _____

Cell Phone: _____

DATE: _____

Spouse/Opposing Party:

*Name: _____

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

*Birthdate: _____

*Soc. Sec. No.: _____

Home Address (include zip):

Home Phone: _____

Employer: _____

Employer Address:

Work 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 #:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Children's residences for past 5 years:

*Dates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

General/Miscellaneous Information:

Is there jointly owned real property?	Yes	No
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Addresses: _____

Is there non-marital property?	Yes	No
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Describe: _____

Are there pension/retirement benefits?	Yes	No
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Whose?	Client	Spouse	Both Parties
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Is there a current health insurance policy?	Yes	No
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Whose?	Client	Spouse	Both Parties
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Who covers the minor children?	Client	Spouse
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Is there a current life insurance policy?	Yes	No
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Whose?	Client	Spouse	Both Parties
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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: