

ATTORNEY/CLIENT WORK PRODUCT
CLIENT QUESTIONNAIRE

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. **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: _____ Soc. Sec. No.: _____

Home Address: _____ Phone No: _____

City: _____ State: _____ Zip Code: _____

County: _____ Date of Birth: _____ City and State of Birth: _____

Email Address: _____

Driver's License Number: _____ Issuing State: _____

Maiden Name: _____

Should Wife's last named be changed upon finalization of divorce: Yes _____ No _____

If so, new name should be: _____

Dates of residency at current address: _____

List any previous residences in the past five (5) years, and dates resided in each:

Your nickname/name you prefer to be called: _____

Employer's Name (if any): _____

Employer's Address: _____

Employer's Telephone No.: _____

Date of Employment: _____ Occupation: _____

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

List any other jobs held during the course of this marriage (indicate employer and salary): _____

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Indicate any additional plans for future employment: _____

Highest level of education completed: _____

Describe any other education received such as post high school training/education including the name of the school or college, dates attended and degree received: _____

Describe plans you have to enroll in school or complete your education, if any: _____

How did you hear about our office: _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained and reason to discontinue representation): _____

ATTORNEY/CLIENT WORK PRODUCT

B. SPOUSE'S INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____ Phone No.: _____

City: _____ State: _____ Zip Code: _____

County: _____ Date of Birth: _____ City and State of Birth: _____

Email Address: _____

Driver's License Number: _____ Issuing State: _____

Maiden Name: _____

Is spouse represented by an attorney in this matter? Yes _____ No _____ If yes, complete the following:

Spouse's Attorney: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Employer's Name (if any): _____

Employer's Address: _____

Job Title: _____ Nature of Job: _____

Date of Employment: _____

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

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Indicate any additional plans for future employment: _____

Highest level of education completed: _____

Describe any other education received such as post high school training/education including the name of the school or college, dates attended and degree received: _____

Describe plans your spouse may have to enroll in school or complete his/her education, if any: _____

What is your spouse's religious preference? _____

ATTORNEY/CLIENT WORK PRODUCT

C. GENERAL MARITAL HISTORY

Date of Marriage: _____

Place of Marriage: _____

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

If not, then what is the 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 _____

Describe the circumstances that caused your separation: _____

If a suit for divorce has been previously filed by either spouse as to this marriage, please provide the date such was filed, the name of the primary attorney involved, the name or location of the court, and the reason the divorce was not finalized: _____

Have you seen a marriage counselor: Yes _____ No _____

If yes, give name of the counselor(s): _____

ATTORNEY/CLIENT WORK PRODUCT

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

| Name | SSN | Place of Birth | Date of Birth | Living With | Sex (Circle One) |
|------|-----|----------------|---------------|-------------|---------------------|
| | | | | | M/F |
| | | | | | M/F |
| | | | | | M/F |
| | | | | | M/F |

Is the wife currently pregnant: Yes _____ No _____ If yes, give due date: _____

Children's Health Insurance:

Is private health insurance in effect for the children? Yes _____ No _____

If yes, name of insurance company: _____

Policy No.: _____ Which parent is responsible for the premium? _____

Is coverage provided through parent's employer? Yes _____ No _____

Premium amount: \$ _____ per month If private health insurance is not in effect, are the children receiving medical assistance: Yes _____ No _____

If yes, through what means are the children receiving assistance? _____

Other Information:

Do you anticipate a dispute about the custody of the children? Yes _____ No _____

If yes, please explain: _____

Who should have primary custody of the children and why? _____

Are any children adopted? Yes _____ No _____

Are any other children of prior marriages or other dependents living in your residence? Yes _____
No _____

Indicate if your or your spouse's career or education has been interrupted due to child rearing?

Are any of the children in private school? Yes _____ No _____ If yes, indicate the cost of the private school, how such cost has been paid, if you and your spouse both agree on the private school, any special reasons why the child needs private schooling, and if you desire to continue the child in the private school, your belief as to why it is in such child's best interest and the expected impact on the child's life if private school is not continued: _____

ATTORNEY/CLIENT WORK PRODUCT
PRIOR MARITAL HISTORY

A. CLIENT'S PRIOR MARRIAGES:Name of 1st Ex-Spouse: _____

How, when and where marriage terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently Residing With |
|---------------|---------------|-------------------------|
| | | |
| | | |

Indicate if you currently pay/receive any child support for these children: Yes _____ No _____

Name of 2nd Ex-Spouse: _____

How, when and where marriage terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently Residing With |
|---------------|---------------|-------------------------|
| | | |
| | | |

Indicate if you currently pay/receive any child support for these children: Yes _____ No _____

Name of 3rd Ex-Spouse: _____

How, when and where marriage terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently Residing With |
|---------------|---------------|-------------------------|
| | | |
| | | |

Indicate if you currently pay/receive any child support for these children: Yes _____ No _____

ATTORNEY/CLIENT WORK PRODUCT

B. SPOUSE'S PRIOR MARRIAGES:

Name of 1st Ex-Spouse: _____

How, when and where marriage terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently Residing With |
|----------------------|----------------------|--------------------------------|
| | | |
| | | |

State if your spouse currently pays/receives any child support for these children: Yes ___ No ___

Name of 2nd Ex-Spouse: _____

How, when and where marriage terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently Residing With |
|----------------------|----------------------|--------------------------------|
| | | |
| | | |

State if your spouse currently pays/receives any child support for these children: Yes ___ No ___

Name of 3rd Ex-Spouse: _____

How, when and where marriage terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently Residing With |
|----------------------|----------------------|--------------------------------|
| | | |
| | | |

State if your spouse currently pays/receives any child support for these children: Yes ___ No ___

ATTORNEY/CLIENT WORK PRODUCT

MARITAL MISCONDUCT

From the list below, select if you or your spouse has done any of the following:

| | You | Spouse |
|---|-------|--------|
| Physically abused spouse | _____ | _____ |
| Verbally abused spouse | _____ | _____ |
| Sexually abused spouse | _____ | _____ |
| Abused a child | _____ | _____ |
| Engaged in an extramarital relationship | _____ | _____ |
| Spent marital funds on an extramarital relationship | _____ | _____ |
| Tried to commit suicide | _____ | _____ |
| Has an emotional or psychiatric condition | _____ | _____ |
| Committed a crime | _____ | _____ |
| Been arrested | _____ | _____ |
| Been detained in jail | _____ | _____ |
| Abused alcohol | _____ | _____ |
| Abused prescription drugs | _____ | _____ |
| Used illegal drugs | _____ | _____ |
| Been hospitalized for alcohol and/or drugs | _____ | _____ |
| Spent marital funds for drugs or excessive alcohol | _____ | _____ |
| Engaged in fraud | _____ | _____ |
| Gambled | _____ | _____ |
| Other illegal activities: _____ | _____ | _____ |
| Destroyed property or other items | _____ | _____ |
| Hidden, wasted or dissipated assets | _____ | _____ |
| Spent beyond means, or poorly managed finances | _____ | _____ |
| Other not listed above: _____ | _____ | _____ |
| Other not listed above: _____ | _____ | _____ |

ATTORNEY/CLIENT WORK PRODUCT

Describe when and how you first learned of spouse's marital misconduct, if spouse has admitted misconduct to you, and if you are aware of the frequency of the misconduct: _____

What effect has spouse's misconduct had on you: _____

Are the children aware of misconduct? If so, how has it affected the children: _____

Are you, or your children, currently in counseling, or planning to begin counseling regarding the misconduct? If so, which is the cost of the counseling: _____

When marital difficulties began, did you and/or your spouse seek counseling? If so, provide the name of the marriage counselor, the duration of counseling, whether the counseling was joint or individual, and your reasons to discontinue counseling: _____

Has any spousal or child abuse been reported to a law enforcement agency? If yes, provide name of agency and date of incident and attach a copy of any police report, if available: _____

ATTORNEY/CLIENT WORK PRODUCT

MARITAL PROPERTY

Community Estate of the Parties

1. Real Property

1.1. Street Address: _____

Current fair market value (as of _____): \$ _____

Mortgage Company: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: \$ _____

1.2. Street Address: _____

Current fair market value (as of _____): \$ _____

Mortgage Company: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: \$ _____

1.3. Street Address: _____

Current fair market value (as of _____): \$ _____

Mortgage Company: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: \$ _____

2. Cash and Accounts with Financial Institutions (include accounts with commercial banks, savings banks and credit unions; exclude accounts with brokerage houses and all retirement accounts)

2.1. Name of financial institution: _____

Account Number: _____

Type of Account (checking/savings/money market/CD) _____

Name(s) on withdrawal cards: _____

Current account balance (as of _____): \$ _____

2.2. Name of financial institution: _____

Account Number: _____

Type of Account (checking/savings/money market/CD) _____

Name(s) on withdrawal cards: _____

Current account balance (as of _____): \$ _____

ATTORNEY/CLIENT WORK PRODUCT

- 2.3. Name of financial institution: _____
Account Number: _____
Type of Account (checking/savings/money market/CD) _____
Name(s) on withdrawal cards: _____
Current account balance (as of _____): \$ _____
- 2.4. Name of financial institution: _____
Account Number: _____
Type of Account (checking/savings/money market/CD) _____
Name(s) on withdrawal cards: _____
Current account balance (as of _____): \$ _____
- 2.5. Name of financial institution: _____
Account Number: _____
Type of Account (checking/savings/money market/CD) _____
Name(s) on withdrawal cards: _____
Current account balance (as of _____): \$ _____

3. Brokerage/Mutual Fund Accounts

- 3.1. Name of brokerage firm/mutual fund: _____
Address: _____
Name on Account: _____
Approximate value: \$ _____
- 3.2. Name of brokerage firm/mutual fund: _____
Address: _____
Name on Account: _____
Approximate value: \$ _____
- 3.3. Name of brokerage firm/mutual fund: _____
Address: _____
Name on Account: _____
Approximate value: \$ _____

ATTORNEY/CLIENT WORK PRODUCT**4. Publicly Traded Stocks, Bonds, and Other Securities** (include securities not in a brokerage account, mutual fund, or retirement fund)

4.1. Name of security: _____

Number of shares: _____

Type of security (common stock/preferred stock/bond/other security): _____

In possession of: _____

4.2. Name of security: _____

Number of shares: _____

Type of security (common stock/preferred stock/bond/other security): _____

In possession of: _____

5. Stock Options (include all exercisable, nonexercisable, vested and nonvested stock options regardless of any restrictions on transfer)

5.1. Name of company: _____

Date of option/grant: _____

Number of options: _____

Are the options exercisable: Yes _____ No _____

6. Bonuses

6.1. Name of company: _____

Date bonus expected to be paid: _____

Anticipated amount of bonus: \$ _____

6.2. Name of company: _____

Date bonus expected to be paid: _____

Anticipated amount of bonus: \$ _____

7. Closely Held Business Interests (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

7.1. Name of business: _____

Address: _____

Type of business organization: _____

ATTORNEY/CLIENT WORK PRODUCT

Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of _____) \$ _____

7.2. Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of _____) \$ _____

8. Retirement Benefits, Other Company Benefits

Do you participate in any retirement plan? If yes, please describe: _____

Does your spouse participate in any retirement plan? If yes, please describe: _____

Do you participate in any company savings plan? If yes, please describe: _____

Does your spouse participate in any company savings plan? If yes, please describe: _____

9. Motor Vehicles, Boats, Airplanes, Cycles, etc. (including mobile homes, trailers and recreational vehicles; exclude company-owned vehicles)

9.1 Year: _____ Model: _____ Who drives: _____

Loan with: _____

9.2 Year: _____ Model: _____ Who drives: _____

Loan with: _____

9.3 Year: _____ Model: _____ Who drives: _____

Loan with: _____

9.4 Year: _____ Model: _____ Who drives: _____

Loan with: _____

ATTORNEY/CLIENT WORK PRODUCT

9.5 Year: _____ Model: _____ Who drives: _____

Loan with: _____

9.6 Year: _____ Model: _____ Who drives: _____

Loan with: _____

10. Life Insurance

Do you have a policy insuring your life? If so, what company wrote the policy? _____ Coverage amount: _____

Term: _____ Whole _____

Does your spouse have a policy insuring his/her life? If so, what company wrote the policy? _____ Coverage amount: _____

Term: _____ Whole _____

Other policies of life insurance: _____

11. Miscellaneous

A. Does anyone owe you or your spouse money? If so, please explain: _____

B. Are you or your spouse involved in any lawsuits? If so, explain: _____

C. Do you or your spouse own livestock? If so, describe: _____

D. Do you or your spouse have any mineral interests? If so, describe: _____

12. Debts (Other than mortgage(s) and auto loan(s)):

| Creditor | Account No. | Approx. Amount |
|-----------------|--------------------|-----------------------|
| | | |
| | | |
| | | |

ATTORNEY/CLIENT WORK PRODUCT

| Creditor | Account No. | Approx. Amount |
|----------|-------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

13. Separate Estates of the Parties

A. Do you own any separate property (*real or personal property owned before marriage or received during marriage by gift or inheritance*)? If yes, please describe: _____

B. Does your spouse own any separate property (*real or personal property owned before marriage or received during marriage by gift or inheritance*)? If yes, please describe: _____
