

FAMILY LAW CLIENT QUESTIONNAIRE FORM

Referred by: _____

New Client **Date:** ____/____/____

Prior Client

Divorce **Post Judgment** **Paternity** **Other:** _____

Have you been served with a Petition or Motion: **Yes** **No**
If yes, date served: _____

Contact Information

Phone Numbers

Name: _____ Home: _____

Company: _____ Work: _____

Title: _____ Cell: _____

Email Address: _____ Fax: _____

Preferred Method of Contact: _____

When is the best time to contact you: **Morning** **Afternoon** **Evening**

Address:

Other Information:

Street: _____ Birthday: ____/____/____

City: _____ State: _____ License: _____

Apt/Unit: _____ Zip Code: _____ SSN: ____/____/____

Military: _____ Rank: _____ Former/Maiden Name: _____

Alternate/Emergency Contact:

Name: _____

Relationship to client: _____

Telephone #: _____

Email: _____

Opposing Party Information

Name: _____ Home # : _____

Address: _____ Cell #: _____

Email: _____ Birthday: ____/____/____

Employer: _____ SSN: ____/____/____

Opposing Attorney Name (if applicable): _____

Marital Information (if applicable): *Parties still COHABITATING? Yes/ No

Date of Marriage: _____ Date of Separation: _____

Place of Marriage: _____ Date of Divorce: _____

Preferred Method to Receive Billing Statement: Mail Email Both

Children Born To the Parties:

Full Name	M/F	SSN	DOB	RESIDES WITH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the information given n this Client Intake Questionnaire is true and correct to the best of my knowledge.

Client Name: _____

Client Signature: _____



Attorney Notes: _____

Retainer fee quoted: _____ Costs: _____

