

CLIENT QUESTIONNAIRE
NEW DISSOLUTION

YOUR INFORMATION:

Name: _____
(First) (Middle) (Last)

Maiden name, if applicable: _____

Address: _____

Phone number: _____ / _____ / _____
(Cell) (Home) (Work)

NOTE: If we are NOT to call a certain number, please indicate which one(s).

What is the best time/number to call you? _____

Email address: _____ (Please indicate if it is not ok to send emails to this address)

Social security number: _____

Date of birth: _____

State born in: _____

Employer: _____

Address of employer: _____

Hourly rate of pay/hours per week: _____

Education:	<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Associates Degree <input type="checkbox"/> Masters Degree	<input type="checkbox"/> 9 th -12 th grade, no diploma <input type="checkbox"/> Some college credits, but no degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Doctorate
Race:	<input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native (specify tribe) _____ <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander (specify) _____	<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other _____

Are there any minor children born of this marriage? _____ If so state their:

First, middle initial, last name:	Age:	Date of birth:	Place of birth:	Social security #:

Date of marriage: _____

Place of marriage: _____

Approximate date separated, if applicable: _____

Number of this marriage (first, second, etc.): _____

If previously married, how did the other(s) end (death, divorce)?: _____

Child(ren)'s Residence for the past five years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child

YOUR SPOUSES INFORMATION:

Name: _____
(First) (Middle) (Last)

Maiden name, if applicable: _____

Address: _____

Phone number: _____ (cell) _____ (home) _____ (work)

Social security number: _____

Date of birth: _____

State born in: _____

Employer: _____

Address of employer: _____

Hourly rate of pay/hours per week: _____

Number of this marriage (first, second, etc.): _____

If previously married, how did the other(s) end (death, divorce)?: _____

Education:	<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> 9 th -12 th grade, no diploma
	<input type="checkbox"/> High school graduate or GED completed	<input type="checkbox"/> Some college credits, but no degree
	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelor's Degree
	<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Doctorate

Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> American Indian or Alaska Native (specify tribe) _____	<input type="checkbox"/> Asian Indian
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese
	<input type="checkbox"/> Other Asian (specify) _____	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Native Hawaiian
	<input type="checkbox"/> Other Pacific Islander (specify) _____	<input type="checkbox"/> Samoan
		<input type="checkbox"/> Other _____

Besides a fair distribution of assets and debts, what are you seeking in this Petition?

- Custody of the minor child(ren) & child support
- Alimony
- Attorney fees
- Maiden name restored
- Restraining order
- Other: _____

Is a hearing on temporary matters requested? _____

Who currently pays for the health insurance of the minor child(ren), if any? _____

What is the monthly premium? \$ _____

If minor children are involved, is there a monthly expense for child care? _____

If so, what is the current amount? \$ _____ (per week or per month)

Who currently pays for the child care expense? _____

*****ATTEND CHILDREN COPE WITH DIVORCE CLASS ASAP, IF APPLICABLE.**

*****PROVIDE COPIES OF YOUR THREE MOST RECENT PAYSTUB AND TAX RETURNS FOR THE PAST FIVE YEARS.**

INFORMATION REGARDING ASSETS AND DEBTS

REAL ESTATE

Address/Description	How title is held (Joint, Husband or Wife)	Current value	Debt against

VEHICLES

Description (Year/Make)	How title is held (Joint, Husband or Wife)	Current value	Debt against

LIFE INSURANCE

Company name/ Policy number	Policy owner	Any cash value (if so how much?)

SECURITIES (IRA's, ANNUITIES, RETIREMENT ACCOUNTS)

Description (Company name & account number, if applicable)	Owner of account	Current value	Debt against

BANK ACCOUNTS

Bank/ Account number	Name on account (Joint, Husband or Wife)	Current balance

HOUSEHOLD CONTENTS

Description	How title is held (Joint, Husband or Wife)	Current value	Debt against
Furniture			
Appliances			

INHERITED, GIFTED OR PROPERTY BROUGHT INTO THE MARRIAGE

Description	How title is held (Joint, Husband or Wife)	Current value	Debt against

OTHER ASSETS (EX. JEWELRY, GUNS, TOOLS, COMPUTER, MACHINERY, ETC.)

Description	How title is held (Joint, Husband or Wife)	Current value	Debt against

OTHER DEBTS NOT LISTED ABOVE

Creditor/Institution to which debt is owed	Name debt is in (Joint, Husband or Wife)	Amount of debt

