

FAMILY LAW QUESTIONNAIRE
(General Information)

Please answer each question fully. If the question does not apply, please write "N/A" in the blank. We cannot start working on your matter until we have ALL of the information requested in this form.

MARRIAGE

Date of Marriage: _____ Separation Date: _____

County and State where Married?: _____

Residence: Parties resided together in the State of Washington from:

_____ to _____

Residences of Last Five Years [city/state and length of time]

WIFE'S INFORMATION

WIFE'S NAME

First Name: _____

Middle Name: _____

Last Name: _____

Nickname (if any): _____

WIFE'S TELEPHONE

Residential Phone: _____

Work Phone: _____

Cell./Msg./Pager Phone: _____

Fax Phone: _____

WIFE'S RESIDENCE ADDRESS

Residence Address: _____

Residence City: _____

Residence State: _____

Residence Zip Code: _____

Residence County: _____

WIFE'S MAILING ADDRESS (if different)

Mailing Address _____

Mailing City: _____

Mailing State: _____

Mailing Zip: _____

WIFE'S EMPLOYMENT

Social Security Number: _____

Drivers License Number & State of issuance: _____

Employer Name: _____

Employer Phone: _____

Employer Address: _____

Employer City: _____

Employer State: _____

Employer Zip: _____

WIFE'S VITAL STATISTICS

Birth Date: _____

Birthplace (State or Country): _____

Maiden Name: _____

Does wife live within City Limits? (y/n) _____

Pregnancy: Is wife expecting a child? If so, when? _____

HUSBAND'S INFORMATION

HUSBAND'S NAME

First Name: _____

Middle Name: _____

Last Name: _____

Nickname (if any): _____

HUSBAND'S TELEPHONE

Residential Phone: _____

Work Phone: _____

Cell./Msg./Pager Phone: _____

Fax Phone: _____

HUSBAND'S RESIDENCE ADDRESS

Residence Address: _____

Residence City: _____

Residence State: _____

Residence Zip Code: _____

Residence County: _____

HUSBAND'S MAILING ADDRESS (if different)

Mailing Address _____

Mailing City: _____

Mailing State: _____

Mailing Zip: _____

HUSBAND'S EMPLOYMENT

Social Security Number: _____

Drivers License Number & State of issuance: _____

Employer Name: _____

Employer Phone: _____

Employer Address: _____

Employer City: _____

Employer State: _____

Employer Zip: _____

HUSBAND'S VITAL STATISTICS

Birth Date: _____

Birthplace (State or Country): _____

Does husband live within City Limits? (y/n) _____

MILITARY SERVICE

Is either party presently in the military service or retired from the military service:

1. Which party is/was in the military service: _____
2. Branch of Service: _____
3. Rate or Grade upon retirement/discharge: _____
4. Date of entry into service: _____
5. Date of retirement/discharge: _____
6. Current monthly pension payment received: _____
7. Is any portion due to VA disability: _____

CHILDREN

Oldest Child's First Name: _____

Oldest Child's Middle Name: _____

Oldest Child's Last Name: _____

Oldest Child's Birth Date: _____ Age: _____

Oldest Child's Birthplace (State): _____

Oldest Child's Social Security Number: _____

Oldest Child Resides with (Husband / Wife / Neither): _____

2nd Child's First Name: _____

2nd Child's Middle Name: _____

2nd Child's Last Name: _____

2nd Child's Birth Date: _____ Age: _____

2nd Child's Birthplace (State): _____

2nd Child's Social Security Number: _____

2nd Child Resides with (Husband / Wife / Neither): _____

Is Wife 2nd Child's Mother? (y/n): _____ Is Husband 2nd Child's Father? (y/n) _____

3rd Child's First Name: _____

3rd Child's Middle Name: _____

3rd Child's Last Name: _____

3rd Child's Birth Date: _____ Age: _____

3rd Child's Birthplace (State): _____

3rd Child's Social Security Number: _____

3rd Child Resides with (Husband / Wife / Neither): _____

Is Wife 3rd Child's Mother? (y/n): _____ Is Husband 3rd Child's Father? (y/n) _____

4th Child's First Name: _____

4th Child's Middle Name: _____

4th Child's Last Name: _____

4th Child's Birth Date: _____ Age: _____

4th Child's Birthplace (State): _____

4th Child's Social Security Number: _____

4th Child Resides with (Husband / Wife / Neither): _____

Is Wife 4th Child's Mother? (y/n): _____

Is Husband 4th Child's Father? (y/n) _____

5th Child's First Name: _____

5th Child's Middle Name: _____

5th Child's Last Name: _____

5th Child's Birth Date: _____ Age: _____

5th Child's Birthplace (State): _____

5th Child's Social Security Number: _____

5th Child Resides with (Husband / Wife / Neither): _____

Is Wife 5th Child's Mother? (y/n): _____

Is Husband 5th Child's Father? (y/n) _____

Names and Present Addresses of persons with whom children have lived during the past five years:

If this is a NONPARENTAL CUSTODY proceeding, write children's name(s) for whom custody is being sought:

OTHER LITIGATION: Has client participated as a party, witness or in any other litigation concerning the custody of the children in this or any other state? If so, give details.

CUSTODY RIGHTS OF OUTSIDE PARTIES: Does client know of any person, not a party to this proceeding who has physical custody of the children or claims to have custody or visitation rights with respect to the children? If so, state details.
