

CLIENT QUESTIONNAIRE  
NEW MODIFICATION

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: \_\_\_\_\_ (Do not email this information)

Date of birth: \_\_\_\_\_

State born in: \_\_\_\_\_

Employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Hourly rate of pay/hours per week: \_\_\_\_\_

Education:	<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> 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 _____

Date of marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of divorce (date decree was filed): \_\_\_\_\_

County divorce was filed in: \_\_\_\_\_ Case # \_\_\_\_\_

**\*\* Please Provide a Copy of the Stipulation/Settlement Agreement & Decree \*\***

Minor children involved (born from this relationship):

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

**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 EX-SPOUSE'S (OR) OTHER PARENT'S INFORMATION:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden name, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Email 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 <sup>th</sup> grade or less	<input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> 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	<input type="checkbox"/> Samoan
	(specify) _____	<input type="checkbox"/> Other _____

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

What is the monthly premium? \$ \_\_\_\_\_

If a minor child or 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.**