

CLIENT QUESTIONNAIRE
NEW CUSTODY MATTER (UNMARRIED PARENTS)

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 _____

Minor child(ren) born of this relationship:

First, middle initial, last name:	Age:	Gender:	DOB:	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

OTHER PARENT'S 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: _____

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 _____

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

___ Custody of the minor child(ren) & child support

___ Attorney fees

___ 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? \$_____

Is there a monthly expense for child care for the minor child(ren) involved? _____

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 (who's name is on the title)	Current value	Debt against

VEHICLES

Description (Year/Make)	How title is held (who's name is on the title)	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	Current balance

HOUSEHOLD CONTENTS

Description	How title is held	Current value	Debt against
Furniture			
Appliances			

INHERITED OR GIFTED PROPERTY

Description	How title is held (who's name is on the title)	Current value	Debt against

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

Description	How title is held (who's name is on the title)	Current value	Debt against

OTHER DEBTS NOT LISTED ABOVE

Creditor/Institution to which debt is owed	Name debt is in	Amount of debt

What are your monthly, quarterly, & yearly expenses?

House Payment or Rent	\$ _____	Donations	\$ _____
Real Estate Taxes	\$ _____	Gifts	\$ _____
Household Insurance	\$ _____	Church tithing	\$ _____
Utilities	\$ _____		
Home Telephone	\$ _____	Others:	
Cell Phone	\$ _____	_____	\$ _____
Cable TV	\$ _____	_____	\$ _____
Water	\$ _____	_____	\$ _____
Garbage Pick-up	\$ _____	_____	\$ _____
Clothing (include Children)	\$ _____	_____	\$ _____
Meals/Food/Groceries	\$ _____	_____	\$ _____
Pet Care/Maintenance	\$ _____	_____	\$ _____
Vehicle Insurance:	\$ _____	_____	\$ _____
Vehicle Maint. & Repair	\$ _____	_____	\$ _____
Vehicle Payment	\$ _____	_____	\$ _____
Vehicle Registration	\$ _____	_____	\$ _____
Fuel	\$ _____	_____	\$ _____
Dental	\$ _____	_____	\$ _____
Medical	\$ _____	_____	\$ _____
Chiropractic	\$ _____	_____	\$ _____
Optical	\$ _____	_____	\$ _____
Medicine/Prescriptions	\$ _____	_____	\$ _____
Health Insurance	\$ _____	_____	\$ _____
School Registration	\$ _____	_____	\$ _____
School Tuition	\$ _____	_____	\$ _____
School Lunch(es)	\$ _____	_____	\$ _____
Life Insurance	\$ _____	_____	\$ _____
Day Care/Babysitter	\$ _____	_____	\$ _____
Child Support	\$ _____	_____	\$ _____
Spousal Support	\$ _____	_____	\$ _____
Recreation & Entertainment	\$ _____	_____	\$ _____