

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: _____ (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 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 _____

Minor child(ren) born of this relationship:

First, middle initial, last name:	Age:	Gender:	DOB:	Place of birth:	(Do not email this information) Social security #:

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.**

