**

**DOMESTIC CLIENT INFORMATION**

FULL LEGAL NAME: MAIDEN NAME (if applicable):

DATE OF BIRTH:   SOC. SEC. NO. (adoptions only):

DRIVERS LICENSE NO: ISSUING STATE:

**CONTACT INFORMATION**

CURRENT STREET ADDRESS:

CITY: STATE: ZIP:

HOME: WORK:

CELL:   E-MAIL:

EMPLOYER:

ADDRESS:

CITY: STATE: ZIP:

JOB TITLE: INCOME: Hourly  Monthly Yearly 

**TYPE OF FAMILY LAW MATTER:**

[ ] ADOPTION [ ] ALIMONY [ ] ANNULMENT [ ] CHILD SUPPORT

[ ] CHILD SUPPORT RECOVERY – DHR [ ] CONTEMPT [ ] COHABITATION [ ] CONTEMPT

[ ] DIVORCE [ ] LEGAL SEPARATION [ ] LEGITIMATION [ ] MODIFICATION [ ] PRE-NUPTIAL

[ ] PROTECTIVE ORDER [ ] VISITATION [ ] OTHER:

WHERE DID YOU HEAR ABOUT QUINDE & ASSOCIATES, LLC?

**ARE YOU CURRENTLY**: Check one: MARRIED   COHABITATING  NEITHER  

IF SO, INFORMATION REGARDING ***YOUR SPOUSE or SIGNIFICANT OTHER***

FULL LEGAL NAME: MAIDEN NAME (if applicable):

DATE OF BIRTH:   SOC. SEC. NO.:

DRIVERS LICENSE NO: ISSUING STATE:

**OPPOSING PARTY CONTACT INFORMATION (i.e. SPOUSE, EX-SPOUSE, SIGNIFICANT OTHER)**

*(IF NOT ABOVE) FULL LEGAL NAME:*

CURRENT STREET ADDRESS:

CITY: STATE: ZIP:   
  
HOME: WORK:

CELL:   E-MAIL:

EMPLOYER:

ADDRESS:

CITY: STATE: ZIP:

JOB TITLE: INCOME: Hourly  Monthly Yearly 

**DO YOU HAVE CHILDREN:** Yes  No 

IF YES, INFORMATION REGARDING YOUR CHILD(REN):  
FULL LEGAL NAME         SEX             DATE OF BIRTH   SOC. SEC. NO.

ADDRESSES WHERE YOUR CHILD(REN) HAVE RESIDED LAST FIVE YEARS:

INFORMATION REGARDING YOUR MARRIAGE/SEPARATION/DIVORCE (as applicable)  
  
DATE OF MARRIAGE: PLACE OF MARRIAGE: CITY: STATE:

DATE OF SEPARATION: DATE OF DIVORCE:

INCLUDING THIS MARRIAGE, HOW MANY TIMES HAVE YOU BEEN MARRIED? 1234

INCLUDING THIS MARRIAGE, HOW MANY TIMES HAS YOUR CURRENT SPOUSE BEEN MARRIED? 1234

**INFORMATION REGARDING CURRENT SITUATION**

DO YOU ANTICIPATE OPPOSITION TO YOUR ANTICIPATED ACTION? Yes  No 

HAVE YOU AGREED ON TERMS RELATED TO YOUR ANTICIPATED ACTION? Yes  No 

HAVE YOU BEEN SERVED WITH PAPERS IN A FAMILY LAW MATTER? Yes  No 

IF YES, WHAT IS THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE OPPOSING ATTORNEY (If known):

**WHAT IS YOUR RELATIONSHIP WITH THE OPPOSING PARTY:** [ ] SPOUSE [ ] EX-SPOUSE [ ] COHABITANT

[ ] OTHER: PLEASE EXPLAIN IN DETAIL

HAVE YOU APPEARED IN COURT ON TERMS RELATED TO THIS MATTER? Yes  No 

HAVE YOU AGREED ON TERMS RELATED TO THIS MATTER? Yes  No 

DO YOU HAVE COPIES OF ANY DOCUMENTS RELATED TO THIS MATTER? Yes  No 

WHAT TYPE OF DOCUMENTS DO YOU HAVE? (Court decrees, dissolution agreements, etc.)

IS DOMESTIC VIOLENCE AN ISSUE IN THIS MATTER? Yes  No 

IF YES, PLEASE DESCRIBE, INCLUDING ANY INCIDENT DATES, LAW ENFORCEMENT ACTIONS, AND COURT DATES.

IS PROPERTY AT ISSUE? Yes  No 

IF YES, PLEASE DESCRIBE THE PROPERTY AND ANYTHING KNOWN WITH REGARD TO LEGAL OWNERSHIP.

ARE YOU OR ANY PERSON INVOLVED IN THIS MATTER CURRENTLY PREGNANT? Yes  No 