



DOMESTIC CLIENT INFORMATION

FULL LEGAL NAME*(including second last names or hyphenated names:*

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 (including second last names or hyphenated names:

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 (including second last names or hyphenated names):

MAIDEN NAME (if applicable):

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? 1 2 3 4

INCLUDING THIS MARRIAGE, HOW MANY TIMES HAS YOUR CURRENT SPOUSE BEEN MARRIED? 1 2 3 4

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

ARE YOU OR ANY FAMILY MEMBER CURRENTLY INVOLVED IN A DOMESTIC ACTION?

Yes

No