

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: _____

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 _____

Date of marriage: _____

Place of marriage: _____

Date of divorce (date decree was filed): _____

County divorce was filed in: _____

Minor children involved (born from this marriage):

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)

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"/> 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
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Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
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	<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.**

INFORMATION REGARDING ASSETS AND DEBTS

REAL ESTATE

Address/Description	How title is held (Joint, Husband or Wife)	Current value	Debt against

VEHICLES

Description (Year/Make)	How title is held (Joint, Husband or Wife)	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 (Joint, Husband or Wife)	Current balance

HOUSEHOLD CONTENTS

Description	How title is held (Joint, Husband or Wife)	Current value	Debt against
Furniture			
Appliances			

INHERITED, GIFTED OR PROPERTY BROUGHT INTO THE MARRIAGE

Description	How title is held (Joint, Husband or Wife)	Current value	Debt against

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

Description	How title is held (Joint, Husband or Wife)	Current value	Debt against

OTHER DEBTS NOT LISTED ABOVE

Creditor/Institution to which debt is owed	Name debt is in (Joint, Husband or Wife)	Amount of debt

What are your monthly, quarterly & yearly expenses?

House Payment or Rent \$ _____

Real Estate Taxes \$ _____

Household Insurance \$ _____

Utilities \$ _____

Home Telephone \$ _____

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 \$ _____

Donations \$ _____

Gifts \$ _____

Church tithing \$ _____

Others:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

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