

TODAY'S DATE \_\_\_\_\_

**CLIENT QUESTIONNAIRE**

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

**A. CLIENT INFORMATION:**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
Dates of residency at current address: \_\_\_\_\_  
Employer's Name (if any): \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Employer's Telephone No.: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)  
Highest level of education completed: \_\_\_\_\_  
How did you hear about our office? \_\_\_\_\_  
Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) \_\_\_\_\_  
\_\_\_\_\_

**B. OTHER PARENT'S INFORMATION:**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
Is spouse represented by counsel in this matter? \_\_\_ Yes \_\_\_ No - If yes, complete the following:  
Spouse's Attorney: \_\_\_\_\_  
Employer's Name (if any): \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)  
Highest level of education completed: \_\_\_\_\_

**C. OTHER CUSTODIAL NON-PARENT'S INFORMATION:**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
 Is spouse represented by counsel in this matter? \_\_\_ Yes \_\_\_ No - If yes, complete the following:  
 Spouse's Attorney: \_\_\_\_\_  
 Employer's Name (if any): \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_  
 Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)  
 Highest level of education completed: \_\_\_\_\_

**D. CHILDREN'S INFORMATION (from this marriage):**

Name:	SSN:	Place of Birth:	Date of Birth:	Living With:	Sex:
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F

Is mother currently pregnant? \_\_\_ No \_\_\_ Yes; date child is due: \_\_\_\_\_

**Other Information:**

COURT IN WHICH ORIGINAL SUPPORT/CUSTODY ORDER WAS ENTERED:

County: \_\_\_\_\_ Court: \_\_\_\_\_  
 Title of order: \_\_\_\_\_  
 Date of order: \_\_\_\_\_  
 Current amount of support paid and by whom: \_\_\_\_\_

Do you anticipate a dispute about the custody of the children (if so, please explain)? \_\_\_\_\_

Who should have primary custody of the children, and why? \_\_\_\_\_

Are any other children of prior marriages or other dependents living in your residence?

How is health insurance provided for the children the subject of this suit? \_\_\_\_\_

Location of the residence of the children for the past 6 months. \_\_\_\_\_

Have the children ever lived with someone other than the possession parent within the last 3 years?  
(If yes, please identify who, when, where, and explain the circumstances.) \_\_\_\_\_

\_\_\_\_\_

What changes have occurred that have caused you to seek a modification of support/custody? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any allegations of substance abuse, family violence, child sexual abuse, or psychological  
dysfunction by either party? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments or concerns which you feel are important to this suit. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn about our office? \_\_\_\_\_ Attorney referral \_\_\_\_\_ newspaper

\_\_\_\_\_ yellow pages \_\_\_\_\_ friend \_\_\_\_\_ internet \_\_\_\_\_ other