

## NEW CLIENT QUESTIONNAIRE

### *Your Information:*

Name: \_\_\_\_\_  
(Maiden)

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Education: \_\_\_\_\_

***Other Side's Information:***

Name: \_\_\_\_\_  
(Maiden)

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Education: \_\_\_\_\_

***If the case involves children:***

Children, including dates of birth and social security numbers:

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Address(es) where the children have lived for the past five (5) years and with whom the children lived:

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***Prior or pending litigation:***

If you have or are currently participating in any case concerning custody, visitation, paternity, guardianship, adoption, child support, or adult/child abuse involving any child and/or party to this action, state:

Type of case: \_\_\_\_\_

Case number: \_\_\_\_\_

State and county of case: \_\_\_\_\_

When case was closed: \_\_\_\_\_

***General Information for Divorce:***

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

County where marriage is registered: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Number of this marriage for you: \_\_\_\_\_

    Previous Marriage: Date Ended: \_\_\_\_\_

    Due to Death or Divorce? \_\_\_\_\_

Number of this marriage for your spouse: \_\_\_\_\_

    Previous Marriage: Date Ended: \_\_\_\_\_

    Due to Death or Divorce? \_\_\_\_\_

Are you requesting your maiden name be restored: \_\_\_\_\_

***How were you referred:*** \_\_\_\_\_