

DOMESTIC CLIENT QUESTIONNAIRE-ABSOLUTE DIVORCE

(PLEASE COMPLETE ONLY SECTION I OF THIS FORM PRIOR TO YOUR APPOINTMENT WITH OUR OFFICE)

FOR IDENTIFICATION PURPOSES WE REQUIRE A COPY OF YOUR DRIVERS LICENSE OR PHOTO ID FOR YOUR FILE

SECTION I

Today's Date: _____

Referred By: _____

Opposing Counsel, if any: _____

Your full name _____
(First, middle, last name)

Mailing Address: _____

(Town, state, zip code)

Phone Number: _____
Home Work Cell Voicemail?
Text?

Fax Email address

PREFERRED METHOD OF COMMUNICATION (circle one): US MAIL EMAIL

Date of Birth: _____ Social Security #: _____

Driver's License # / State: _____

Place of Employment /
Address: _____

Full Name of Spouse: _____

Mailing address of spouse: _____

Date of Marriage: _____ Place of Marriage: _____
County / State

Date of Separation: _____

Separation Agreement Prepared & Signed? YES Date Signed: _____
 NO

If the answer to the above question is YES, did you bring a copy with you today? YES NO

If you are a female, do you wish to resume your maiden or prior name? YES NO

If the above answer is YES, what is your maiden or prior name? _____

Do you have any specific concerns for today's appointment that need to be addressed during your visit? If so, please list below:

SECTION II

Children's Names:

Date/s of Birth:

Social Security Number

List all real property owned(list date each was acquired and by whom):

List of all vehicles owned(how is each vehicle titled and name the make & model of each vehicle):

List any and all debts and how each is held:

List any and all retirement accounts, 401k accounts, cd's, annuities or stocks and how each is held and where the account is maintained:

Please list other information that might be pertinent to with your case(i.e.: visitation, child support, medical insurance, dental insurance, post-separation support or alimony):
