

DOMESTIC CLIENT QUESTIONNAIRE-SEPARATION AGREEMENT

PREPARATION

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: _____

Client Information:

Full Legal Name: _____

(First, middle, last name)

Mailing Address: _____

Physical Address (if different): _____

Phone Number: _____

Home

Work

Cell

Voicemail?
Text?

Fax

Email address

Preferred Method of Contact: **Please circle one**

Email

Mail

Date of Birth: _____

Social Security #: _____

Driver's License #/State: _____

Spouse Information:

Full Legal Name: _____

(First, middle, last name)

Mailing Address: _____

Physical Address (if different): _____

Phone Number: _____

Home

Work

Cell

Fax

Email address

Date of Birth: _____

Social Security #: _____

Driver's License #/State: _____

Information about your minor children:

For each minor child, please list their full legal name, date of birth, county and state of birth and if available, provide their social security number:

Information about your marriage:

Date of Marriage: _____ Place of Marriage: _____

County

State

Date of Separation: _____

