## **DOMESTIC CLIENT QUESTIONNAIRE-POTENTIAL TERMINATION OF** PARENTAL RIGHTS CASE

## FOR IDENTIFICATION PURPOSES WE REQUIRE A COPY OF YOUR DRIVERS LICENSE OR PHOTO ID FOR YOUR FILE (PLEASE COMPLETE ONLY SECTION 1 OF THIS FORM PRIOR TO YOUR APPOINTMENT WITH OUR OFFICE)

**SECTION I** 

Today's Date: Referred By	y:			
Opposing Counsel,	if any:			
Your full name (First, middle, last name)				
Mailing Address:				
(Town, state, zip code)				
Phone Number:	Work		Cell Voicemail?	
Fax	Email address		Text?	
Drivers License #: Social Security #:	_ State: _ Date of Birth:			
PREFERRED METHOD OF COMMUNICATION <mark>(circ</mark> Your Place of Employment / Address:	<u></u>		EMAIL	
Your relationship to the children:				<u> </u>
Is this matter an EMERGENCY MATTER du	e to neglect, abuse or	violence? 🗆 YI	ES INO	
Full Name of Children's Biological Mother:				_
Full Name of Children's Biological Father:				
Mailing address of biological mother:				
Mailing address of biological father:				
Children's Full Names: Date/s of B	time?		h child residing a	
Biological mother and father married? ☐ YES If married, please provide the information belo	ow:			
Date of Marriage:	_ Place of Marriage:_			
Date of Separation:	_ Divorce complete?	County / State  TYES	□NO	
Date divorce completed and location (county &	x state):			
Is there a current child custody order in effect	for the children? $\Box$	YES 🗆 NO	)	
If your answer to the above question is YES, di  YES NO  If your answer to the above question is NO, wh				

## <u>SECTION II</u>

Name of all attorneys involved in prior or current court proceeding:
Current matters that need to be addressed in this new proceeding or issues requiring this new court action:
List all addresses where the children have resided and the persons with whom they have resided during the last five (5) years:
Please state your current earnings and the current earnings of the other parent responsible for the children:
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):