

# CONFIDENTIAL FAMILY LAW INFORMATION QUESTIONNAIRE

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## A. PERSONAL INFORMATION

Full Name (first, middle, last): \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Other names used in the past: \_\_\_\_\_  
DOB: \_\_\_\_\_ Place of Birth City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_

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## B. CONTACT INFORMATION

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Do not send correspondence to this address.  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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## C. I AM HERE BECAUSE

- I need a divorce.  
 I've been served with court papers.  
 I, my child, or a family member is the victim of physical harm or threat of physical harm.  
 I want to file a paternity action.  
 I need to make changes to the following orders:
- |  |                                   |                                   |   |
|--|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Child Support   | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | Present Order States \$ _____ per month |
| <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | Present Order States \$ _____ per month |
| <input type="checkbox"/> Child Custody   | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | Present Order States _____              |
| <input type="checkbox"/> Child Custody   | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | Present Order States _____              |
- Property Issues (explain): \_\_\_\_\_  
 Other Issues - I am here because: \_\_\_\_\_

## D. EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address of Employment: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

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## E. SPOUSE'S/ EX-SPOUSE'S/EX-MATE'S (The other party) INFORMATION

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address (if different from yours): \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address of Employment: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

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Does an Attorney represent this person?  Yes  No Attorney's Name: \_\_\_\_\_

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## F. CHILD(REN) INFORMATION

Where do the child(ren) reside? \_\_\_\_\_ With Whom? \_\_\_\_\_

1. Full Name: \_\_\_\_\_ Gender:  Male  Female

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Full name of Father if different than Spouse/Ex Spouse/Partner information above: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Gender:  Male  Female

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Full name of Father if different than Spouse/Ex Spouse/Partner information above: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Gender:  Male  Female

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Full name of Father if different than Spouse/Ex Spouse/Partner information above: \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Gender:  Male  Female

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Full name of Father if different than Spouse/Ex Spouse/Partner information above: \_\_\_\_\_

Who presently provides health insurance for the child(ren)? \_\_\_\_\_

What is the Monthly fee? \$ \_\_\_\_\_

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## OTHER INFORMATION

Marriage Date: \_\_\_\_\_ State: \_\_\_\_\_

Divorce Date: \_\_\_\_\_ State: \_\_\_\_\_ County where Divorce Granted: \_\_\_\_\_

Separation Date: \_\_\_\_\_ State: \_\_\_\_\_

Date of last Order Modification: \_\_\_\_\_ Do you have a copy of the last Order?  Yes  No

Monthly Court ordered Child support: \$ \_\_\_\_\_

Arrearage: \$ \_\_\_\_\_

Medical Arrearage: \$ \_\_\_\_\_

Monthly Court ordered Spousal support: \$ \_\_\_\_\_

Arrearage: \$ \_\_\_\_\_

Is your property already divided by agreement?

Are you buying or do you own a house?

Does either party have retirement benefits/stocks of any kind?

Are you requesting the Court to grant a name change?

New Full Name Requested: \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever been charged with any crime other than traffic tickets?  Yes  No

If so, please give details:

Has your spouse (other party) ever been charged with any crime other than traffic tickets?  Yes  No

If so, please give details:

Is Child Protective Services currently involved, or has CPS ever been involved with the child(ren)?

Yes  No

If yes, please explain:

Are there other circumstances that may be a factor in your case?  Yes  No

If so, please give details:

If you or the other party has already filed a case, Please answer the following:

Case Number: \_\_\_\_\_ Future Court Dates: \_\_\_\_\_

Have you or anyone associated with this case been the subject of a: (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Protective Order                     | <input type="checkbox"/> Child Protective Services Investigation            |
| <input type="checkbox"/> Mental Health Professional Treatment | <input type="checkbox"/> Questionable Paternity Status                      |
| <input type="checkbox"/> Substance Abuse Treatment            | <input type="checkbox"/> Welfare or Aid to families with Dependent Children |
| <input type="checkbox"/> Common-Law or Informal Marriage      | <input type="checkbox"/> Termination of Parental Rights                     |
| <input type="checkbox"/> Restraining Order                    | <input type="checkbox"/> Prenuptial Agreement or Partitioning Agreement     |
| <input type="checkbox"/> Personal Injury Lawsuits             |   |

If any checked, please explain:

**HOW WERE YOU REFERRED TO ME?**

- |   |   |  |                                    |
|---|---|--|------------------------------------|
| <input type="checkbox"/> Website                                | <input type="checkbox"/> Previous Client        | <input type="checkbox"/> Bar Association | <input type="checkbox"/> BNI Group |
| <input type="checkbox"/> Office Sign                            | <input type="checkbox"/> Internet/search engine | <input type="checkbox"/> Phonebook       | <input type="checkbox"/> Article   |
| <input type="checkbox"/> Friend: Name of Friend _____           |   |  |                                    |
| <input type="checkbox"/> An Attorney: Name of Attorney _____    |   |  |                                    |
| <input type="checkbox"/> Firms Employee: Name of Employee _____ |   |  |                                    |
| <input type="checkbox"/> Other: Please specify _____            |   |  |                                    |

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**FOR OFFICE USE ONLY**

Interview Date: \_\_\_\_\_  
Date Retained: \_\_\_\_\_

Deposit received: \$ \_\_\_\_\_  
Retainer received: \$ \_\_\_\_\_