

**PRELIMINARY QUESTIONNAIRE
FAMILY LAW**

DATE: _____ REFERRED BY: _____

NAME: _____

ADDRESS: _____

LENGTH OF TIME AT ADDRESS _____ LENGTH OF TIME IN STATE _____

AGE _____ DATE OF BIRTH _____ SSN _____

TELEPHONE (HOME) _____ (WORK) _____ (CELL) _____

EMPLOYMENT: PLACE OF EMPLOYMENT _____

OCCUPATION _____ LENGTH OF TIME EMPLOYED _____

ADDRESS OF EMPLOYER _____

GROSS INCOME _____ (Check one) _____ Weekly _____ Biweekly _____ Annual

NET INCOME _____ (Check one) _____ Weekly _____ Biweekly _____ Annual

OTHER SOURCES OF INCOME _____

SPOUSE'S NAME _____

ADDRESS _____

AGE _____ DATE OF BIRTH _____ SSN _____

ADDRESS (for service of paperwork) _____

PLACE OF EMPLOYMENT _____

OCCUPATION _____ LENGTH OF TIME EMPLOYED _____

ADDRESS OF EMPLOYER _____

SPOUSE'S INCOME

GROSS INCOME _____ (Check one) ___ Weekly ___ Biweekly ___ Annual

NET INCOME _____ (Check one) ___ Weekly ___ Biweekly ___ Annual

OTHER SOURCES OF INCOME _____

SPOUSE'S ATTORNEY _____

MARRIAGE

DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____

DATE OF SEPARATION _____

IS WIFE PREGNANT AT THIS TIME? _____

PRIOR MARRIAGE: CLIENT _____
SPOUSE _____

CHILDREN FROM PRIOR MARRIAGE/RELATIONSHIP:

CLIENT _____
SPOUSE _____

Is there an Order of child support for children from previous relationships? If so, who is ordered to pay? How much? _____

Are there any legal actions pending concerning custody, visitation or child support for children from previous marriages/relationships? _____

CHILDREN OF THIS MARRIAGE

FULL NAME	DATE OF BIRTH	SPECIAL NEEDS (?)	SSN

WITH WHOM DO THE CHILDREN RESIDE? _____

SUPPORT PAID OR RECEIVED

PAID \$ _____ PER _____ RECORDS/RECEIPTS? YES _____ NO _____

RECEIVED \$ _____ PER _____ RECORDS/RECEIPTS? YES _____ NO _____

WHO WANTS PHYSICAL CUSTODY OF THE CHILDREN?

YOU _____ SPOUSE _____ BOTH PARTIES _____

HAVE YOU AND YOUR SPOUSE REACHED ANY AGREEMENT CONCERNING CUSTODY? _____

DESCRIBE AGREEMENT OR DISAGREEMENT _____

HAVE THERE BEEN ANY CLAIMS OF PHYSICAL ABUSE OR THREATS DIRECTED AT YOU OR BY YOU, OR ANY HISTORY OF ABUSE IN THIS RELATIONSHIP? _____

DO YOU BELIEVE A RESTRAINING ORDER WILL BE NECESSARY TO PROTECT YOU AND/OR THE CHILDREN, OR DO YOU BELIEVE YOUR SPOUSE WILL REQUEST A RESTRAINING ORDER AGAINST YOU? IF SO, PLEASE STATE IN DETAIL THOSE REASONS _____

DO YOU WISH TO BE RESTORED TO MAIDEN OR PREVIOUS NAME? _____
IF SO, GIVE FULL NAME _____

HOUSING

PAYMENT \$ _____ PER MONTH OWN? _____ RENT? _____

LIST THOSE PERSON WHO RESIDE IN THE MARITAL HOME? _____

WHO IS PAYING THE RENT OR MORTGAGE PAYMENTS? _____