

NEW MATRIMONIAL CLIENT QUESTIONNAIRE

Today's date: _____

Name: _____

Social Security # _____

Date of birth _____

Address: _____

Telephone numbers: _____

Check off _____

Preferred number _____

Home _____

Work _____

Cell _____

REASON FOR APPOINTMENT:

ISSUES: Check all that apply

___ Alimony

___ Custody

___ Child Support

___ Divorce

___ Parenting time

___ Name change

___ Post-Judgment relief: (specify)

___ Other: (state) _____

Name of spouse: _____

Social Security # _____

Date of birth _____

Address: _____

Name of spouse's attorney: _____

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Date/place of marriage/type of service: _____

Date of separation: _____

Date of complaint (if filed): _____

Date of divorce: _____

CHILDREN:

<u>Name</u>	<u>Date of birth/Age</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT:

Name and address of employer

How long employed: _____

Job title: _____

Email address: _____

How did you here about our firm?

____ Newspaper: Name: _____

____ Telephone book

____ Internet

____ Friend Please provide their name and address

____ Attorney Please provide their name

FOR OFFICE USE ONLY

Consultation fee of \$175.00 paid by: check _____
cash _____