



Date: _____

FAMILY LAW QUESTIONNAIRE

Your Information

Your Full Legal Name: _____ Maiden Name: _____

Social Security Number: ____:____:____ Drivers License Number: _____ State: _____ DOB: ____/____/____

Place of Birth: _____ Race: _____

Home Address: _____ City: _____ State: ____ Zip: _____ County: _____

How long in the county: _____ Home phone #: _____ Cell Phone #: _____

Safe Email Address: _____ May we send monthly invoice(s) to your email? ____ Yes ____ No

Your current Automobile: _____
(make) (model) (color) (Year)

Place & Address of Employment: _____

Occupation: _____ Approximate Annual Gross Income: \$ _____ Employer FEIN: _____

Work Phone #: _____ Fax #: _____ Work contact: _____

PREFERRED PHONE CONTACT: ____ Home ____ Cell ____ Work

PREFERRED ADDRESS FOR MAILING: _____

Opposing Party/Other Parent Information (Please Circle One)

Full Legal Name: _____ Maiden Name: _____

Social Security Number: ____:____:____ Drivers License Number: _____ State: _____ DOB: ____/____/____

Place of Birth: _____ Race: _____

Home Address: _____ City: _____ State: ____ Zip: _____ County: _____

How long in the county: _____ Home phone #: _____ Cell phone #: _____

Email Address: _____ Other Contact: _____

Current Automobile: _____
(make) (model) (color) (Year)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Glasses?: _____ Beard?: _____

Opposing Party's Place & Address of Employment: _____

Opposing Party's Occupation: _____ Approximate Annual Gross Income: \$ _____ Employer FEIN: _____

Work Phone #: _____ Fax #: _____ Work contact: _____

Other names person's been known by: _____

Marriage Information

Date of Marriage: ____/____/____ Place of Marriage: _____

Date of Separation: ____/____/____ Restore Wife's Maiden Name? ____ Yes ____ No

Child/Children Information

Full Legal Name: _____ Birth Date: _____ Sex: _____ Birth Place: _____ Social Security #: _____ Driver License #: _____

Does the other party have any children outside this marriage or relationship? _____ YES _____ NO If yes, How many? _____

Children's Health Insurance

Health Insurance Co: _____ Policy #: _____ Monthly Cost: \$ _____

Provided Through:

_____ Father's Employer _____ Mother's Employer _____ Medicaid _____ CHIP _____ Other _____ None
_____ Private Who Pays? _____

LEGAL ISSUES

Nature of case/reason for seeking consultation with our office:

Is other party represented by an ATTORNEY in the matter? _____ YES _____ NO ***If YES, provide:***

Name of Attorney/Firm and location: _____

Please indicate if any of the following has occurred:

- 1. You have spoken to another attorney regarding the matter? _____ YES _____ NO
- 2. A case has been filed regarding this matter? _____ YES _____ NO
- 3. You have had papers served upon you in this case by a sheriff or process server? _____ YES _____ NO

Has a case previously been filed or finalized in regards to you or the other party and the children, if any? _____ Yes _____ NO

If yes, please provide type of proceeding and cause number _____

Has the OAG provided services to you or other party? _____ YES _____ NO

If so, please provide the following: OAG case # _____ CIN _____ PIN _____

For Internal office use:

Type of Matter: _____ Retainer Amt: _____ Date Paid: _____

Notes: _____

