



FAMILY LAW QUESTIONNAIRE

Your Information

Your Full Legal Name: _____ Maiden Name: _____

Social Security Number: _____: _____: _____ Driver's License Number: _____ State: _____ DOB: __/__/____

Place of Birth: _____ Race: _____

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

Length of Time In County: _____ Home Phone #: _____ Cell Phone #: _____

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

Your Current Vehicle: _____ (make) _____ (model) _____ (color) _____ (year)

Place & Address of Employment: _____

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

Work Phone #: _____ Fax #: _____ Work Contact: _____

PLEASE CHECK PREFERRED PHONE CONTACT: _____ Home _____ Cell _____ Work

PREFERRED MAILING ADDRESS: _____ City: _____ State: _____ Zip: _____

Opposing Party/Other Parent Information

Full Legal Name: _____ Maiden Name: _____

Social Security Number: _____: _____: _____ Driver's License Number: _____ State: _____ DOB: __/__/____

Place of Birth: _____ Race: _____

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

Length of Time In County: _____ Home Phone #: _____ Cell Phone #: _____

Email Address: _____ Other Contact: _____

Your Current Vehicle: _____ (make) _____ (model) _____ (color) _____ (year)

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

Opposing Party's Place & Address of Employment: _____

Opposing Occupation: _____ Appropriate Annual Gross Income: \$ _____ Employer FEIN: _____

Work Phone #: _____ Fax #: _____ Work Contact: _____

Other Names Opposing Party Has Been Known By: _____

Child(ren) Information

Full Legal Name: _____ Birth Date: _____ Sex: _____ Birth Place: _____ Social Security #: _____ Driver's License/ID #: _____

Does the other party have any child(ren) outside this marriage or relationship? _____ No _____ Yes If yes, how many? _____

Child(ren)'s Health Insurance

Health Insurance Co: _____ Policy #: _____ Monthly Cost for Just Child(ren): _____

Provided Through:

_____ Father's Employer _____ Mother's Employer _____ Medicaid _____ CHIP _____ Other _____ None _____ Private

Who Pays? _____

Legal Issue

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 child(ren), if any? _____ Yes _____ No

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

Has the Office of the Attorney General provided services to you or the other party? _____ Yes _____ No

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

Notes: _____

For Internal Office Use:

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