

New Client Questionnaire

PERSONAL INFORMATION

Date: _____

Client :	Opposing Party :
Full name:	Full name:
Birth date:	Birth date:
Age:	Age:
Birthplace:	Birthplace
Address:	Address:
Work phone:	Work phone:
Home phone:	Home phone:
Cell phone:	Cell phone:
Best number to reach you?	Best number to reach you?
E-mail address:	E-mail address:
Fax:	Fax:
Social Security no. :	Social Security no. :
Driver's License no. :	Driver's License no. :
State:	State:
Occupational License no(s) . :	Occupational License no(s) . :
Armed Forces status:	Armed Forces status:

COMPLETE THIS SECTION FOR DISSOLUTION OF MARRIAGE ONLY

Date of marriage: _____ City/County/State: _____ Date of separation: _____

What year did you establish residency in the State of Florida?: _____

County? : _____

No. of previous marriages: Client? _____ Opposing Party? __

Wife's maiden name: _____ Does wife desire name change? Yes No

Name to restore: _____

Is there a prenuptial or postnuptial agreement? Yes No

If yes, please attach a copy of the agreement.

What is the primary reason you want this divorce?

- irreconcilable differences adultery abandonment
 physical abuse mental abuse Opposing Party's
addiction
 other: [specify] _____

COMPLETE THIS SECTION IF CHILDREN ARE INVOLVED IN YOUR CASE

1. Name: _____

Birth date: _____ Age: _____

School: _____ Grade: _____

Social Security no.: _____ Birth Place (City,State): _____

Living with Client Opposing Party

2. Name: _____

Birth date: _____ Age: _____

School: _____ Grade: _____

Social Security no.: _____ Birth Place (City,State): _____

Living with Client Opposing Party

3. Name: _____

Birth date: _____ Age: _____

School: _____ Grade: _____

Social Security no.: _____ Birth Place (City,State): _____

Living with Client Opposing Party

4. Name: _____

Birth date: _____ Age: _____

School: _____ Grade: _____

Social Security no.: _____ Birth Place (City,State): _____

Living with Client Opposing Party

5. Name: _____

Birth date: _____ Age: _____

School: _____ Grade: _____

Social Security no.: _____ Birth Place (City,State): _____

Living with Client Opposing Party

Residence of the children during the last five (5) years:

Dates: (From/To)	Address:	Current address of party child resided with:	Relationship

Is wife pregnant? Yes No If yes, when is birth expected: _____

Is anyone other than the Opposing Party claimed to be the father? Yes No

If yes, who? _____

Are any of the children adopted? Yes No If yes, who? _____

Do you or your Opposing Party have a health insurance policy that covers the children? Yes No

Name of health care insurance provider for children: _____

Policy, group, or contract number: _____ Paid by whom? _____

Is the premium for the insurance paid through deduction from your or your Opposing

Party's pay? Mine Opposing Party's

Does your / your Opposing Party's health insurance require that you/he/she have the children as dependents to continue health insurance for them? Yes No

Deductible: _____ Co-pay on doctor visits: _____ Co-pay on prescriptions: _____

As to the premium, please state:

cost for employee only amount deducted each pay period? _____

cost for employee and Opposing Party how often is the deduction made? _____

cost for employee and children weekly every two weeks two times per month once per month

If you, your Opposing Party or any of your children have any serious health problems, please describe:

Child care: No Yes

How many weeks per year? _____

Paid by whom? _____

Weekly cost: During school: _____ Summer: _____

Are you paying or receiving support for other children? No Yes

If so, how much per week? \$

No. of children: _____

Is your Opposing Party paying or receiving support for other children? No Yes

If so, how much per week? \$ _____ No. of children _____

Provide copies of the court support orders.

Does either party have children from a prior relationship? Yes No If so, please state:

Name: _____

Birth date: _____

Age: _____

School: _____

Grade: _____

Social Security no.: _____

Birth Place (City,State): _____

Client Opposing Party _____

Name: _____

Birth date: _____

Age: _____

School: _____

Grade: _____

Social Security no.: _____

Birth Place (City,State): _____

Client Opposing Party

CUSTODY AND SUPPORT

What do you think the custody and visitation rights should be and why? _____

If you and your Opposing Party have agreed on custody, describe. _____

Does anyone else claim visitation rights with your children? No

If yes, state the person's name, address, and relationship. _____

Has support been paid since separation? No Yes

If yes, how much per week? _____

If you and your Opposing Party have agreed on child support, how much per week? _____

Do the children have a custody preference? Yes . No If yes, please describe: _____

PREVIOUS LITIGATION

Has either Opposing Party previously filed for divorce, separation, annulment, custody, etc., in this county or elsewhere? Yes No If yes, indicate when and where filed, status of case, case number, and name of judge.

Has there been any previous domestic violence case filed in this county involving you and/or your Opposing Party or any other family member? Yes No If yes, indicate when and where filed, status of case, case number, and name of judge.

Does anyone else claim custody over children of you or your Opposing Party? Yes No

If yes, indicate when and where filed, status of case, case number, and name of judge.

Have you had any cases filed regarding care of the children? Yes No

If yes, indicate when and where filed, status of case, case number, and name of judge.

Is one of the parties currently under court order to pay support for another child not of this marriage? Yes No

If yes, indicate when and where filed, status of case, case number, and name of judge.

FAMILY HEALTH AND SOCIAL ISSUES

Do you, your Opposing Party, or your children have any serious physical or mental disability, disorder, handicap or incurable disease Yes No If yes, please explain: _____

Any addiction issues with drugs, alcohol? Yes No

If yes, what type of substance? _____

What treatment and by whom? _____

When? _____

Place of treatment: _____

Outcome of treatment: _____

Any romantic liaisons by either party? No Yes Who? _____

Any problems with debts? Gambling? No Yes

Any marriage counseling? No Yes If yes, please explain reason, date, and duration: _____

Personal counseling (yours/Opposing Party's): _____

Are you willing to start/continue counseling? Yes No

Would you sign a waiver of confidentiality so that we may have access to your records? Yes No

Does either Opposing Party wish to reconcile? Yes No If yes, briefly describe: _____

Are you or your Opposing Party receiving government aid? Yes No

If yes, please tell us the name of your caseworker and the case number: _____

RESTRAINING ORDER INFORMATION

Please describe any violent incidents, including place and time: _____

Has either Opposing Party ever been arrested, convicted, imprisoned, or placed on probation?

Yes No Explain: _____

Have you or anyone in your household has ever been arrested for anything other than routine traffic tickets, state who, when, why and what: _____

Has your Opposing Party or anyone in your Opposing Party's household has ever been arrested for anything other than routine traffic tickets, state who, when, why and what: _____

If your Opposing Party says you or anyone in your household is emotionally unstable, state who and why: _____

EMPLOYMENT

CLIENT

OPPOSING PARTY

1.Employer: _____

1.Employer: _____

2.Address: _____

2.Address: _____

3.Phone: _____

3.Phone: _____

4.How long on job: _____

4.How long on job: _____

5.Hours of Employment: _____

5.Hours of Employment: _____

6.Gross earning per week /month (circle one) \$ _____

6.Gross earning per week /month (circle one) \$ _____

7.Allowed deductions:

7.Allowed deductions:

Federal Income Tax: \$ _____

Federal Income Tax: \$ _____

State Income Tax: \$ _____

State Income Tax: \$ _____

Municipal tax: \$ _____

Municipal tax: \$ _____

Social Security: \$ _____

Social Security: \$ _____

8.Other deductions:

8.Other deductions:

Bonds: \$ _____

Bonds: \$ _____

Credit Union: \$ _____

Credit Union: \$ _____

Stock: \$ _____

Stock: \$ _____

Insurance: \$ _____

Insurance: \$ _____

Charity: \$ _____

Charity: \$ _____

Other (specify): \$ _____

Other (specify): \$ _____

9.Check if applicable:

9.Check if applicable:

() Anticipated bonus: _____

() Anticipated bonus: _____

() Commissions: _____

() Commissions: _____

() Expense account: _____

() Expense account: _____

() Profit sharing: _____

() Profit sharing: _____

() Pension: _____

() Pension: _____

() Stock interest: _____

() Stock interest: _____

() Company insurance: _____

() Company insurance: _____

Obtain verification of above, if possible

EDUCATION

<i>Client</i>	<i>Opposing Party</i>
Highest degree obtained	Highest degree obtained
High school Date of diploma or GED	High school Date of diploma or GED
Univ./College Degree Date obtained	Univ./College Degree Date obtained
Univ./College Degree Date obtained	Univ./College Degree Date obtained
Additional training	Additional training

Did either Opposing Party contribute to the education of the other Yes No

Describe. _____

ASSETS (Attach additional sheets if necessary.)

List significant items of property you owned before this marriage or received as a gift or inheritance during the marriage. If you no longer have these items, explain what happened to them.

List significant items of property your Opposing Party owned before this marriage or received as a gift or inheritance during the marriage. If your Opposing Party no longer has these items, explain what happened to them.

List significant items of property you and your Opposing Party received, as a couple, during this marriage as a gift or inheritance. If you or your Opposing Party no longer has these items, explain what happened to them.

List significant items of property your children received as a gift or inheritance during your marriage. If your children no longer have these items, explain what happened to them.

ASSETS

HOME:

- 1. Address: _____
- 2. Date Purchased: _____ Purchase During Marriage? Yes No
- 3. Title in whose name(s): _____
- 4. Location of title papers: _____
- 5. Who made down payment? _____
- 6. Mortgage Company? _____
- 7. Are mortgage payments current? _____
- 8. Who makes payments? _____
- 9. Mortgage Payments: Amount \$_____ Approximate yearly taxes:_____
- (1) Approximate present value: \$ _____
- (2) Mortgage balance: \$ _____
- Estimated net value [(1) minus (2)] \$ _____

ADDITIONAL REAL ESTATE:

- 1. Address: _____
- 2. Date Purchased: _____ Purchased During Marriage? Yes No
- 3. Title in whose name(s): _____
- 4. Location of title papers: _____
- 5. Who made down payment? _____
- 6. Who holds mortgage? _____
- 7. Are mortgage payments current? _____
- 8. Who makes payments? _____
- 9. Mortgage Payments: Amount \$_____ Approximate yearly taxes:_____
- (1) Approximate present value: \$ _____
- (2) Mortgage balance: \$ _____
- Estimated net value [(1) minus (2)] \$ _____

Vehicles (car, boat, trailer, recreational vehicle, etc.)

- 1. Year/make: _____ Date Purchased: _____
- Vehicle identification number: _____
- In whose name: _____
- In whose Possession: _____
- Purchase price: _____
- Monthly payments: _____ Balance due: _____
- Lien holder: _____

2. Year/make: _____ Date Purchased: _____

Vehicle identification number: _____

In whose name: _____

In whose Possession: _____

Purchase price: _____

Monthly payments: _____ Balance due: _____

Lien holder: _____

3. Year/make: _____ Date Purchased: _____

Vehicle identification number: _____

In whose name: _____

In Whose Possession: _____

Purchase price: _____

Monthly payments: _____ Balance due: _____

Lien holder: _____

4. Year/make: _____ Date Purchased: _____

Vehicle identification number: _____

In whose name: _____

In Whose Possession: _____

Purchase price: _____

Monthly payments: _____ Balance due: _____

Lien holder: _____

Bank accounts or credit union accounts

1. Name of bank and branch: _____

Account number: _____

Type of account (savings, checking, money market): _____

Signatories: _____

Source of funds: _____ Balance: _____

2. Name of bank and branch: _____

Account number: _____

Type of account (savings, checking, money market): _____

Signatories: _____

Source of funds: _____ Balance: _____

3. Name of bank and branch: _____

Account number: _____

Type of account (savings, checking, money market): _____

Signatories: _____

Source of funds: _____ Balance: _____

Individual retirement accounts

Financial Institution: _____

Account number: _____

Balance: _____ In whose name: _____

Financial Institution: _____

Account number: _____

Balance: _____ In whose name: _____

**Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc.
(attach copies of plan descriptions and annual reports for each)**

Employer or financial institution: _____

Name and type of plan: _____

Vested percentage: _____

Value: _____ Account no.: _____

In whose name: _____

Employer or financial institution: _____

Name and type of plan: _____

Vested percentage: _____

Value: _____ Account no.: _____

In whose name: _____

Employer or financial institution: _____

Name and type of plan: _____

Vested percentage: _____

Value: _____ Account no.: _____

In whose name: _____

Investments

Broker/ firm: _____

Type of investment: _____

Account no.: _____

In whose name: _____

Type of account (savings, checking, money market): _____

Purchase price: _____ Current value: _____

What was source of stock or funds to purchase? _____

Type of investment: _____

Account no.: _____

In whose name: _____

Type of account (savings, checking, money market): _____

Purchase price: _____ Current value: _____

What was source of stock or funds to purchase? _____

Broker/ firm: _____

Type of investment: _____

Account no.: _____

In whose name: _____

Type of account (savings, checking, money market): _____

Purchase price: _____ Current value: _____

What was source of stock or funds to purchase? _____

Life insurance

<i>Client</i>	<i>Opposing Party</i>
Name of insurer	Name of insurer
Name of insured	Name of insured
Name of beneficiary	Name of beneficiary
Type of insurance (term, whole life, etc.)	Type of insurance (term, whole life, etc.)
Policy no.	Policy no.
Amount of policy	Amount of policy
Cash surrender value	Cash surrender value
Loans against policy	Loans against policy

Business interests (corporations, partnerships, sole proprietorships, etc.)

Name and type of business: _____

Percentage of interest: _____

Type of ownership interest: _____

Value of interest: _____

Initial investment and when: _____

Additional amounts invested and when: _____

Community property (property acquired with your Opposing Party)

Have you ever lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)? Yes No

OPPOSING PARTY'S PREMARITAL PERSONAL AND REAL PROPERTY

List all items of personal property and real property (land) which you claim are Opposing Party's separate property:

PROPERTY	VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

LIABILITIES

Please indicate with an asterisk any accounts that you have reason to believe are delinquent: Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

1. Creditor: _____

Account no.: _____

Type of indebtedness (credit card, etc.): _____

Is the account current? Yes No

Present balance due: _____

Monthly payment: _____

Named borrowers _____

Who will pay until the divorce judgment?: _____

2. Creditor: _____

Account no.: _____

Type of indebtedness (credit card, etc.): _____

Is the account current? Yes No

Present balance due: _____

Monthly payment: _____

Named borrowers: _____

Who will pay until the divorce judgment?: _____

3. Creditor: _____

Account no.: _____

Type of indebtedness (credit card, etc.): _____

Is the account current? Yes No

Present balance due: _____

Monthly payment: _____

Named borrowers _____

Who will pay until the divorce judgment?: _____

4. Creditor: _____

Account no.: _____

Type of indebtedness (credit card, etc.): _____

Is the account current? Yes No

Present balance due: _____

Monthly payment: _____

Named borrowers _____

Who will pay until the divorce judgment?: _____

