

# 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 hear about our firm?**

\_\_\_\_\_ **Newspaper: Name:** \_\_\_\_\_

\_\_\_\_\_ **Telephone book**

\_\_\_\_\_ **Internet**

\_\_\_\_\_ **Friend** Please provide their name and address

\_\_\_\_\_ **Attorney** Please provide their name

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**FOR OFFICE USE ONLY**

**Consultation fee paid by:** check \_\_\_\_\_

cash \_\_\_\_\_

credit card \_\_\_\_\_