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DIVORCE CLIENT QUESTIONNAIRE

NOTE: This form is extremely important. Your accuracy and completeness in responding will assist us in representing you. All information requested in this questionnaire must be included in the initial pleadings that we will file with the court. The court will reject and return any pleadings that have missing information. Therefore, please do not leave anything blank. If something does not apply, please write "N/A" next to it. If you do not know the requested information, please write "Unknown" next to it. Thank you!

IMPORTANT INFORMATION ABOUT YOU:

- 1. FIRST NAME:**
- 2. MIDDLE NAME:**
- 3. LAST NAME:**
- 4. EMAIL ADDRESS:**
- 5. THE BEST PHONE NUMBER TO REACH YOU ON:**
- 6. HOME ADDRESS:**
- 7. DATE OF BIRTH:**
- 8. PLACE OF BIRTH:**
- 9. SOCIAL SECURITY NUMBER:**
- 10. RACE:**
- 11. DRIVER'S LICENSE NUMBER:**
- 12. STATE OF ISSUANCE FOR DRIVER'S LICENSE NUMBER:**
- 13. EYE COLOR:**
- 14. HAIR COLOR:**
- 15. HEIGHT:**

16. WEIGHT:
17. GENDER:
18. RESIDENCE COUNTY:
19. CAR MAKE:
20. CAR MODEL:
21. YEAR OF CAR:
22. AUTO LICENSE PLATE NUMBER:
23. STATE THAT ISSUED AUTO LICENSE PLATE:
24. NAME OF EMPLOYER:
25. EMPLOYER'S ADDRESS:
26. EMPLOYER'S PHONE NUMBER:
27. JOB TITLE:
28. MAIDEN NAME:
29. DO YOU WISH TO RESUME USE OF YOUR MAIDEN NAME AFTER THE DIVORCE:

IMPORTANT INFORMATION ABOUT YOUR SPOUSE:

1. FIRST NAME:
2. MIDDLE NAME:
3. LAST NAME:
4. EMAIL ADDRESS:
5. PHONE NUMBER:
6. HOME ADDRESS:
7. DATE OF BIRTH:
8. PLACE OF BIRTH:
9. SOCIAL SECURITY NUMBER:

10. RACE:
11. DRIVER'S LICENSE NUMBER:
12. STATE OF ISSUANCE FOR DRIVER'S LICENSE NUMBER:
13. EYE COLOR:
14. HAIR COLOR:
15. HEIGHT:
16. WEIGHT:
17. GENDER:
18. RESIDENCE COUNTY:
19. CAR MAKE:
20. CAR MODEL:
21. YEAR OF CAR:
22. AUTO LICENSE PLATE NUMBER:
23. STATE THAT ISSUED AUTO LICENSE PLATE:
24. NAME OF EMPLOYER:
25. EMPLOYER'S ADDRESS:
26. EMPLOYER'S PHONE NUMBER:
27. JOB TITLE:
28. IS YOUR SPOUSE IN THE MILITARY?:

IMPORTANT INFORMATION ABOUT CHILD NUMBER ONE:

1. FIRST NAME:
2. MIDDLE NAME:
3. LAST NAME:
4. HOME ADDRESS:

5. DATE OF BIRTH:
6. PLACE OF BIRTH:
7. SOCIAL SECURITY NUMBER:
8. RACE:

IMPORTANT INFORMATION ABOUT CHILD NUMBER TWO:

1. FIRST NAME:
2. MIDDLE NAME:
3. LAST NAME:
4. HOME ADDRESS:
5. DATE OF BIRTH:
6. PLACE OF BIRTH:
7. SOCIAL SECURITY NUMBER:
8. RACE:

IMPORTANT INFORMATION ABOUT CHILD NUMBER THREE:

1. FIRST NAME:
2. MIDDLE NAME:
3. LAST NAME:
4. HOME ADDRESS:
5. DATE OF BIRTH:
6. PLACE OF BIRTH:
7. SOCIAL SECURITY NUMBER:
8. RACE:

IMPORTANT INFORMATION ABOUT CHILD NUMBER FOUR:

1. FIRST NAME:
2. MIDDLE NAME:
3. LAST NAME:
4. HOME ADDRESS:
5. DATE OF BIRTH:
6. PLACE OF BIRTH:
7. SOCIAL SECURITY NUMBER:
8. RACE:

INFORMATION ABOUT YOUR MARRIAGE:

1. DATE OF MARRIAGE:
2. RELIGIOUS OR CIVIL CEREMONY:
3. CITY AND STATE OF MARRIAGE:
4. DIVORCE CAUSE OF ACTION (irreconcilable differences, adultery, extreme cruelty, or 18-month separation):
5. ARE YOU SEEKING ALIMONY?:
6. DO YOU NEED TO REQUEST INTERIM SPOUSAL SUPPORT WHILE THE DIVORCE IS PENDING?
7. ARE YOU REQUESTING CHILD SUPPORT?:
8. DO YOU NEED TO REQUEST INTERIM CHILD SUPPORT WHILE THE DIVORCE IS PENDING?
9. WHAT ARE YOU REQUESTING WITH REGARD TO CUSTODY OF ANY MINOR CHILDREN?
10. DATE OF SEPARATION, IF APPLICABLE:
11. IS THERE A RESTRAINING ORDER AGAINST ONE OR BOTH OF YOU?:
12. COUNTY(S) OF ANY PREVIOUSL LEGAL MATTERS BETWEEN YOU AND YOUR SPOUSE:
13. DOCKET NUMBER(S) OF ANY PREVIOUS LEGAL MATTERS BETWEEN YOU AND YOUR SPOUSE:
14. OUTCOME OF ANY PREVIOUS LEGAL MATTERS BETWEEN YOU AND YOUR SPOUSE:

LIFE INSURANCE:

1. Name of Company:
2. Address:
3. Face Amount:
4. Policy Owner:
5. Beneficiary:
6. Name of Insured:
7. Policy Term:

HEALTH INSURANCE:

1. Name of Insured:
2. Name of Company:
3. Address:
4. I.D. Number:
5. Group Number:
6. Coverage Type (single, parent-child, family):
7. Source (employer issued or personally obtained):

DENTAL INSURANCE:

1. Name of Insured:
2. Name of Company:
3. Address:
4. I.D. Number:
5. Group Number:
6. Coverage Type (single, parent-child, family):

7. Source (employer issued or personally obtained):

PRESCRIPTION INSURANCE:

1. Name of Insured:
2. Name of Company:
3. Address:
4. I.D. Number:
5. Group Number:
6. Coverage Type (single, parent-child, family):
7. Source (employer issued or personally obtained):

AUTOMOBILE INSURANCE:

1. Name of Company:
2. Address:
3. Policy Number:
4. Vehicle(s) Covered:
5. Coverage Limits:
6. Lawsuit Threshold:
7. Umbrella Coverage:
8. Driver(s) of Vehicle(s):
9. Lien holder/Lessor (if applicable):
10. Address of Lien holder/Lessor:
11. Use of Vehicle (personal, business, or both):

HOMEOWNERS INSURANCE:

1. **Name of Company:**
2. **Address:**
3. **Policy Number:**
4. **Address of Covered Residence:**
5. **Coverage Limits:**
6. **Umbrella Coverage:**
7. **Mortgage (if applicable):**
8. **List Riders to Policy:**

BELOW PLEASE WRITE ANY ADDITIONAL INFORMATION YOU THINK WE SHOULD KNOW: