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DIVORCE CLIENT INFORMATION QUESTIONNAIRE

PLEASE READ THIS PARAGRAPH BEFORE YOU START FILLING OUT THIS FORM

This form is extremely important. Your accuracy and completeness in responding will assist me in representing you. All information must be included in the initial pleadings that will be filed with the Court. The Court will reject and return any documents with missing information. Do not leave anything blank. Write "N/A" if something does not apply to you. Please be sure to include the street address, city, state, and zip code when providing addresses and the month, day, and year when providing dates. I suggest that you use a pencil to fill out this questionnaire. Feel free to contact us if you have questions.

INFORMATION ABOUT YOU

Your full name: _____

[last, first, middle, maiden, Jr./Sr., etc.]

Maiden Name: _____

Your Social Security number: _____

Your date of birth: _____

Your place of birth (city and state): _____

Race: _____ Sex: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Your mother's maiden name and address: _____

Your address: _____

County in which you reside? _____

Number of years at current address? _____

Home #: _____ Work # _____
Cell#: _____ e-mail: _____
Fax# (do we need to call before using?): _____
Best number to reach you at? _____ Best Time? _____
Your driver's license number and state of issuance: _____
Make, model, and year of your car: _____
Auto License Plate# and State of Issuance: _____
State of Issuance: _____
Name of Employer: _____
Address of Employer: _____
Employer's Telephone Number: _____
When did you start working there? _____
What is your position or job title? _____
If you are not currently working outside the home, when did you last do so? _____

INFORMATION ABOUT THE MARRIAGE

Date of marriage: _____.
Place of marriage: _____ [city, county and state].
Do you wish to resume use of your maiden name? _____
Do you wish to seek alimony? _____ Why? _____

Spouse's full name: _____
Spouse's Social Security Number: _____
Spouse's date of birth: _____
Birth place: _____
Race: _____ Sex: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Spouse's address if different from yours: _____

Spouse's Cell phone #: _____

Home#: _____ e-mail: _____

Auto License Plate# and State of Issuance: _____

Make, model, and year of Spouse's car: _____

If separated, date of separation: _____

Name of Spouse's Employer: _____

Address of Spouses's Employer: _____

Spouse's Employer's Telephone Number: _____

When did your Spouse start working there? _____

What is your Spouse's position or job title? _____

If your Spouse is not currently working outside the home, when did he or she last do so?

Is your Spouse currently in the military? _____

Have there been any previous legal proceedings between you and your spouse respecting the marriage or its dissolution or respecting maintenance in support of either party? _____
County _____, Docket# _____, and
Outcome _____.

INFORMATION ABOUT CHILDREN OF THE MARRIAGE

1. Name (last, first, middle initial): _____

Date of Birth: _____ Age: _____ Race: _____

Sex: _____ SS#: _____

Place of birth (City and State) _____

2. Name (last, first, middle initial): _____

Date of Birth: _____ Age: _____ Race: _____

Sex: _____ SS#: _____

Place of birth (City and State) _____

3. Name (last, first, middle initial): _____

Date of Birth: _____ Age: _____ Race: _____

Sex: _____ SS#: _____

Place of birth (City and State) _____

4. Name (last, first, middle initial): _____

Date of Birth: _____ Age: _____ Race: _____

Sex: _____ SS#: _____

Place of birth (City and State) _____

INSURANCE INFORMATION

Life Insurance

Name of Company: _____

Address: _____

Policy Number: _____

Face Amount: \$ _____

Policy Owner: _____

Beneficiary: _____

Name of Insured: _____

Policy Term (if applicable): _____

Health Insurance

(Health) Name of Insured: _____

Name of Company: _____

Address: _____

Policy Number: _____

Group Number: _____

Coverage Type (circle): Single Parent-Child Family

(Dental) Name of Insured: _____

Name of Company: _____

Address: _____

Policy Number: _____

Group Number: _____

Coverage Type (circle): Single Parent-Child Family
(Prescription) Name of Insured: _____
Name of Company: _____
Address: _____
Policy Number: _____
Group Number: _____
Coverage Type (circle): Single Parent-Child Family

Automobile Insurance

Name of Company: _____
Address: _____
Policy Number: _____
Make of Vehicle(s): _____
Year of Vehicle(s): _____
Policy Expiration Date: _____
Coverage Limits: _____
Lawsuit Threshold?: _____ Umbrella Coverage?: _____
Driver(s) of Vehicle: _____
Lien holder/Lessor (if applicable): _____
Address of Lien holder/Lessor: _____
Use of Vehicle: Personal Business Both

Homeowner's Insurance

Name of Company: _____
Address: _____
Policy Number: _____
Policy Expiration Date: _____
Address of Covered Residence: _____

Coverage Limits: _____
Umbrella Coverage?: _____
Mortgage Company (if applicable): _____

