

LINNENBANK LAW OFFICE
FAMILY LAW CLIENT INFORMATION SHEET
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CLIENT QUESTIONNAIRE

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

A. CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ Place of Birth: _____

Home Phone: _____ Work Phone: _____ Cel: _____

E-mail Address: _____ Facsimile Number: _____

Driver's License Number: _____ Issuing State: _____

Maiden Name: _____

Dates of residency at current address: _____

List any previous residences in the past five (5) years, and dates resided in each:

Employer's Name (if any): _____

Employer's Address: _____

Employer's Telephone No.: _____

Date of Employment: _____ Occupation: _____

Salary: \$ _____ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Highest level of education completed: _____

What is your religious preference? _____

How did you hear about our office? _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) _____

B. SPOUSE'S INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ Place of Birth: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail Address: _____ Facsimile Number: _____

Driver's License Number: _____ Issuing State: _____

Maiden Name: _____

Is spouse represented by counsel in this matter? ___ Yes ___ No - If yes, complete the following:

Spouse's Attorney: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Facsimile Number: _____

Employer's Name (if any): _____
Employer's Address: _____

Job Title: _____ Nature of Job: _____
Date of Employment: _____ Occupation: _____
Salary: \$_____ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Highest level of education completed: _____

What is your spouse's religious preference? _____

C. GENERAL MARITAL HISTORY:

Date of Marriage: _____

Place of Marriage: _____
(Please attach a marriage certificate)

Are you and your spouse currently living together? ___ Yes ___ No

If not, then Date of Separation: _____

Do you have an interest in reconciliation? ___ Yes ___ No

To the best of your knowledge, does your spouse want reconciliation? ___ Yes ___ No

Describe the circumstances that caused your separation: _____

If a suit for divorce has been previously filed by either spouse as to this marriage, please provide the date such was filed, the name of the primary attorney involved, the name or location of the court, and the reason the divorce was not finalized: _____

D. CHILDREN'S INFORMATION (from this marriage):

Name:	SSN:	Place of Birth:	Date of Birth:	Living With:	Sex:
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F

Is the wife currently pregnant? ___ No ___ Yes; date child is due: _____

UCCJEA Information:

If any of the children have resided with anyone other than you and your spouse during the last five (5) years, please complete the following information:

Name of Custodian:	Address:	Dates Resided with:

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependency or guardianship, concerning custody or visitation of any child subject to this proceeding? ___

No ___ Yes - If Yes, please describe: _____

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding ___ No ___

_ Yes - If Yes, please describe: _____

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? ___ No ___ Yes - If Yes, please describe: _____

Other Information:

Do you anticipate a dispute about the custody of the children (if so, please explain)? ____

Who should have primary custody of the children, and why? _____

Are any children adopted? _____

Are any other children of prior marriages or other dependents living in your residence? _

Indicate if your, or your spouse's, career or education has been interrupted due to child rearing: _____

Are any of the children in private school (if yes, indicate the cost of the private school, how such cost has been paid, if you and your spouse both agree on the private school, any special reasons why the child needs private schooling, and if you desire to continue the child in the private school, your belief as to why it is in such child's best interest and the expected impact on the child's life if private school is not continued)? _____

Describe children's involvement in school activities: _____

Describe the physical and mental health of the children: _____

Indicate if any child is being treated for any medical or psychological conditions (if so, indicate the name of the treating physician or counselor, the frequency of medical or psychological treatment, any medications prescribed, cost of medical or physiological care and medicines, portion of expense not covered by insurance, and the length of time you feel treatment will be necessary): _____

Describe the parties' understanding regarding Wife's employment during marriage: _____

Indicate if any child of the parties has separate assets or income, including trust or estate assets: _____

Indicate if any child of the parties has any special needs: _____

Describe the involvement of the non-custodial parent in the children's activities since separation: _____

Do you feel your spouse's contact with the children should be limited (if so, please explain)? _____

Do the children receive religious training (if so, indicate if there is any primary influence by you or your spouse in the religious training of the children)? _____

Are the children more likely to turn to you or to your spouse when they have problems? _

Describe your working hours (i.e., when you leave for work and arrive home, if your hours are flexible, if your work requires travel, and if so, the frequency of such travel, time involved and distance): _____

Describe your spouse's working hours (i.e., when your spouse leaves for work and arrives home, if your spouse's hours are flexible, if your spouse's work requires travel, and if so, the frequency of such travel, time involved and distance): _____

What are your plans for child care? _____

What are your spouse's plans for child care? _____

Describe your housing arrangements, including number of bedrooms? _____

Describe your spouse's housing arrangements, including number of bedrooms? _____

PARENTAL RESPONSIBILITIES: Indicate whether you, your spouse, and/or another person currently take or have taken responsibility for the various duties regarding the children. You may check more than one box for a particular item if two or more persons apply.

	You	Spouse	Other	N/A
Helped children put on clothes	_____	_____	_____	_____
Gave children baths	_____	_____	_____	_____
Took care of children during the day	_____	_____	_____	_____
Put children to bed at night	_____	_____	_____	_____
Prepared food for children	_____	_____	_____	_____
Made medical/dental appointments for children	_____	_____	_____	_____
Took children to the doctor/dentist	_____	_____	_____	_____
Took care of children when sick	_____	_____	_____	_____
Made arrangements for outside child care	_____	_____	_____	_____
Communicated with day care personnel	_____	_____	_____	_____
Took children to day care or sitters	_____	_____	_____	_____
Took children to school	_____	_____	_____	_____
Participated in children's education	_____	_____	_____	_____
Picked up children from school	_____	_____	_____	_____
Met with teachers, principal	_____	_____	_____	_____
Helped children with homework	_____	_____	_____	_____
Took children to extracurricular activities	_____	_____	_____	_____
Participated in outdoor activities with children	_____	_____	_____	_____

	You	Spouse	Other	N/A
Organized children's time with friends	_____	_____	_____	_____
Contacted parents of children's friends	_____	_____	_____	_____
Arranged children's birthday activities	_____	_____	_____	_____
Shopped for children's clothes, shoes and other necessities	_____	_____	_____	_____
Bought gifts for the children	_____	_____	_____	_____
Taught money management to children	_____	_____	_____	_____
Took children to church	_____	_____	_____	_____
Disciplined the children	_____	_____	_____	_____
Helped the children when they have "problems" or "issues"	_____	_____	_____	_____
Other not listed above: _____	_____	_____	_____	_____
Other not listed above: _____	_____	_____	_____	_____

If you checked "Other" regarding any of the above, please identify each such person, and generally describe the extent of his or her involvement with the children:

Are the children in day care or with a sitter on a regular basis (if so, provide frequency, name, address and phone number of day care, or sitter)? _____

Describe any other issue pertaining to the children that you feel should be noted in reference to this case that has not been provided through previous answers: _____

PRIOR MARITAL HISTORY

A. CLIENT'S PRIOR MARRIAGES:

Name of 1st Ex-spouse: _____
 How, When and Where Marriage Terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
_____	_____	_____
_____	_____	_____

Indicate if you currently pay or receive any child support on behalf of these children? ____

Name of 2nd Ex-spouse: _____
How, When and Where Marriage Terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
_____	_____	_____
_____	_____	_____

Indicate if you currently pay or receive any child support on behalf of these children? ____

Name of 3rd Ex-spouse: _____
How, When and Where Marriage Terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
_____	_____	_____
_____	_____	_____

Indicate if you currently pay or receive any child support on behalf of these children? ____

B. SPOUSE'S PRIOR MARRIAGES:

Name of 1st Ex-spouse: _____

How, When and Where Marriage Terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
_____	_____	_____
_____	_____	_____

Indicate if your spouse currently pays or receives any child support on behalf of these children? _____

Name of 2nd Ex-spouse: _____

How, When and Where Marriage Terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
_____	_____	_____
_____	_____	_____

Indicate if your spouse currently pays or receives any child support on behalf of these children? _____

Name of 3rd Ex-spouse: _____

How, When and Where Marriage Terminated: _____

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

Name of Child	Date of Birth	Currently residing with:
_____	_____	_____
_____	_____	_____

Indicate if your spouse currently pays or receives any child support on behalf of these children? _____

MARITAL MISCONDUCT

From the list below, select if you or your spouse has done any of the following:

	You	Spous
Physically abused spouse	_____	_____
Verbally abused spouse	_____	_____
Sexually abused spouse	_____	_____
Abused a child	_____	_____
Engaged in an extramarital relationship	_____	_____
Spent marital funds on an extramarital relationship	_____	_____
Tried to commit suicide	_____	_____
Has an emotional or psychiatric condition	_____	_____
Committed a crime	_____	_____
Been arrested	_____	_____
Been detained in jail	_____	_____
Abused alcohol	_____	_____
Abused prescription drugs	_____	_____
Used illegal drugs	_____	_____
Been hospitalized for alcohol and/or drugs	_____	_____
Spent marital funds for drugs or excessive alcohol	_____	_____
Been arrested for driving while intoxicated	_____	_____
Engaged in fraud	_____	_____
Gambled	_____	_____
Other illegal activities: _____	_____	_____
Destroyed property or other items	_____	_____
Hidden, wasted or dissipated assets	_____	_____

	You	Spous
Spent beyond means, or poorly managed finances	_____	_____
Other not listed above: _____	_____	_____
Other not listed above: _____	_____	_____

Describe when and how you first learned of spouse's marital misconduct, if spouse has admitted misconduct to you, and if you are aware of the frequency of the misconduct: _____

What effect has spouse's misconduct had on you? _____

Are children aware of misconduct? If so, how has it affected children? _____

Are you, or your children, currently in counseling, or planning to begin counseling regarding the misconduct? If so, what is the cost of the counseling? _____

When marital difficulties began, did you and/or your spouse seek counseling? If so, provide the name of the marriage counselor, the duration of counseling, whether the counseling was joint or individual, and your reasons to discontinue counseling. _____

Has any spousal or child abuse been reported to a law enforcement agency? If yes, provide name of agency and date of incident and attach a copy of any police report if available. _____

STANDARD OF LIVING:

Describe the family's standard of living during the last 2 years: _____

List any memberships to social clubs, including monthly dues, average club bill in addition to monthly dues, frequency of club use, and any particular use by each family member: _

Describe regular family vacations: _____

Describe separate adult vacations: _____

Describe frequency, and manner of entertaining others: _____

Describe use and frequency of maids or other help: _____

Describe frequency of purchasing or leasing new cars: _____

Have your children been provided with cars? _____

Describe Community activities and involvement: _____

Describe anything not mentioned above regarding your standard of living or social status you consider significant to the outcome of this case: _____

FAMILY FINANCES:

Which spouse has primary responsibility for the finances? _____

Did this responsibility shift (if so, please explain)? _____

Was income consolidated? _____

Was any income or asset treated differently (if yes, please explain)? _____

Describe the method of filing tax returns: _____

If you have any physical disabilities, please describe the nature of the disability:_____

If you have been hospitalized in the past 5 years, for each hospitalization, please describe the date you were hospitalized, the name of the hospital, the reason for hospitalization, the outcome of such hospitalization, and your treating physician:_____

Describe any major health problems during the marriage not requiring hospitalization:_____

Do you have any sexually transmitted disease (if so, please specify)? _____

List any medications you are currently taking on a regular basis:_____

If you are currently, or have ever been under the care of a mental health professional, please provide the name and address of the mental health professional and the dates and frequency of the therapy provided: _____

SPOUSE'S MEDICAL INFORMATION

To the best of your knowledge, describe your spouse's current health condition:_____

If known, date of spouse's last physical examination: _____
Name, address and phone number of physician: _____

If your spouse has any physical disabilities, please describe the nature of the disability: _____

If your spouse has been hospitalized in the past 5 years, for each hospitalization, please describe the date your spouse was hospitalized, the name of the hospital, the reason for hospitalization, the outcome of such hospitalization, and your spouse's treating physician: _____

Describe any major health problems during the marriage not requiring hospitalization: _____

Does your spouse have any sexually transmitted disease (if so, please specify)? _____

List any medications your spouse is currently taking on a regular basis: _____

If your spouse is currently, or has ever been under the care of a mental health professional, please provide the name and address of the mental health professional and the dates and frequency of the therapy provided: _____

LIST OF APPRAISERS AND PROFESSIONAL ADVISORS

For each professional, indicate whether such professional is an advisor on behalf of yourself, your spouse, or both, by placing a check mark on the line under the appropriate column.

Name, Address and Phone Number:	Client	Spouse
Accountant: _____ _____ _____	_____ _____ _____	_____ _____ _____
Stock Broker: _____ _____ _____	_____ _____ _____	_____ _____ _____
Insurance Agent: _____ _____ _____	_____ _____ _____	_____ _____ _____
Appraiser: _____ _____ _____	_____ _____ _____	_____ _____ _____
Family/Marriage Counselor/Psychiatrist: _____ _____ _____	_____ _____ _____	_____ _____ _____
Family Physician: _____ _____ _____	_____ _____ _____	_____ _____ _____
Family Medical Specialist: _____ _____ _____	_____ _____ _____	_____ _____ _____
Other: _____		

RELIEF REQUESTED BY CLIENT

Children

- Primary residential care of children
- Sole parental responsibility of children
- Split custody of the children
- Child support - \$_____ Monthly
- Continued medical insurance
- Provide for specific expenses (i.e., extracurricular activities, etc.)
- Provide for disabled child
- Agreement for college expenses

Alimony

- Permanent - \$_____ Monthly
- Rehabilitative - \$_____ Monthly
- Lump sum - \$_____
- Continued medical insurance

Distribution of Real Estate

- Exclusive use of marital home
- Possession of marital home until children finish High School
- Title to marital home as lump sum alimony
- Special equity in marital home
- Partition or sale of marital home
- Exclusive use of other real estate
- Title to other realty as lump sum alimony
- Special equity in other realty
- Partition of other realty

Distribution of Personal Property

- Life insurance
- Exclusive use and title to contents of residence
- Return of removed property
- Division of joint checking/savings accounts

- _____ Return of \$_____ joint funds removed by spouse
- _____ Exclusive use and title to _____ automobile
- _____ Stocks
- _____ Bonds
- _____ C.D. or money market account
- _____ Pension plan or retirement fund
- _____ Profit sharing plan

Liabilities

- _____ Mortgage payments
- _____ Charge accounts
- _____ Attorney's fees
- _____ Miscellaneous

Other

- _____ Maintain confidentiality of financial information
- _____ Restoration of Maiden Name to _____
- _____
- _____

Temporary Orders

- _____ Temporary Custody
- _____ Special provisions for upcoming holidays
- _____ Supervised visitation
- _____ No visitation
- _____ Restrictions on communications between parties
- _____ Prevent removal of child from state or country
- _____ Prevent passport services or surrender passport of children
- _____ Child Support \$_____ Monthly
- _____ Health Insurance for children
- _____ Custodial evaluation
- _____ Psychological exam
- _____ Exclusive use of home
- _____ Other party to pay mortgage or rent - \$_____
- _____ Other party pay utilities
- _____ Exclusive use of vehicle
- _____ Operation of business
- _____ Exclusive use of other assets
- _____ Car payment and insurance \$_____
- _____ Payment of other liabilities
- _____ Temporary spousal support \$_____
- _____ Health insurance

- _____ Injunction to preserve assets, freeze accounts
- _____ Limit expenditures for living expenses, business
- _____ Injunction against domestic violence
- _____ Injunction against harassment
- _____ Temporary attorney's fees