



## CLIENT QUESTIONNAIRE

### PERSONAL INFORMATION:

			Male	Female
Client's Full Name:	DOB	Birth Place	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's Full Name:	DOB	Birth Place	<input type="checkbox"/>	<input type="checkbox"/>
Child 1:	DOB	Birth Place	<input type="checkbox"/>	<input type="checkbox"/>
Child 2:	DOB	Birth Place	<input type="checkbox"/>	<input type="checkbox"/>
Child 3:	DOB	Birth Place	<input type="checkbox"/>	<input type="checkbox"/>
Child 4:	DOB	Birth Place	<input type="checkbox"/>	<input type="checkbox"/>
Child 5:	DOB	Birth Place	<input type="checkbox"/>	<input type="checkbox"/>

Date of Marriage	Date of Separation
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Client's Driver's License #/ State	Client's Social Security #
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Spouse's Driver's License #/ State	Spouse's Social Security #
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Is Spouse Pregnant?	If so, due date?
Date of Marriage?	Place?
Date of Separation?	Place?

**CLIENT CONTACT INFORMATION:**

Street Address	City	State	Zip Code
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E-mail Address	Home Phone	Mobile Phone
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**SPOUSE CONTACT INFORMATION:**

Street Address	City	State	Zip Code
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E-mail Address	Home Phone	Mobile Phone
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**SPOUSE DESCRIPTION:**

Age	Height	Weight	Hair Color
Any Outstanding Features _____			

**Please Attach Picture:**

**SOCIAL MEDIA INFORMATION:**

Client's Facebook URL	Spouse's Facebook URL
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Client's Instagram Username	Spouse's Instagram Username
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Client's LinkedIn	Spouse's LinkedIn
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Websites: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Client's Occupation	Employer	Length of Employment	
Client's Employer's Address	City	State	Zip Code
Spouse's Occupation	Employer	Length of Employment	
Spouse's Employer's Address	City	State	Zip Code

**CUSTODY:**

1. Please list place of residence of each of the children for the past 5 years and the name, present address and relationship to the child of each person with whom the child has lived during said period of time. (NOTE: If any of the children have been separated and left at different residences, please supply the information separately for each child.)

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2. Have you participated as a party, witness, or in any other capacity, in any other litigation or custody proceeding, in this or any other state, concerning custody of any of your children? \_\_\_\_\_  
If so, state the name of each child, your capacity, court and state and the date of court order or judgment, if any:

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3. Do you have any information concerning any custody proceeding pending in a court of this or any other state concerning any of your children, other than that set out above? \_\_\_\_\_  
If so, state the name of each child, nature of the proceeding, court and state, and the status of the proceeding:

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4. Do you know of any person not a party to this proceeding who has physical custody or claims to have custody or visitation with respect to any of your children?  
If so, please state the name and address of such person, whether such person has physical custody, claims custody rights, or claims visitation rights, and state the name of each child.

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**PREFERENCE REGARDING CUSTODY OF MINOR CHILDREN:**

Legal Custody	_____ Joint to parties; Sole to _____ Mother _____ Sole to _____ Father _____
Physical custody	_____ Joint to parties; Sole to _____ Mother _____ Sole to _____ Father _____
Previous Marriages (client )	To whom : _____ Where: _____ When: _____
How terminated (client)	Where _____ When _____
Children:	Name : _____ Age _____ Name : _____ Age _____ Name: _____ Age _____
Previous Marriages (Spouse)	Client: To whom : _____ Where _____ When _____
How terminated (Spouse)	Where _____ When _____
Children:	Name : _____ Age _____ Name : _____ Age _____ Name: _____ Age _____

**EMPLOYMENT & HEALTH:**

Client:	Worked before or during marriage?		
Employers :	When	Position	Average Earnings
1.	1.	1.	1.
2.	2.	2.	2.

Spouse	Worked before or during marriage?		
Employers :	When	Position	Average Earnings
1.	1.	1.	1.
2.	2.	2.	2.

**Educational Background :**

**Client:**

High School:

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College(s):

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Degree(s):

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Other Training:

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**Spouse:**

High School:

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College(s):

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Degree(s):

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Other Training:

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