

Name: \_\_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** Please complete this questionnaire. If you take the time to complete this form, you will be bringing with you to your consultation information that may be useful to our ability to provide you with a general overview of your case and information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

1. I	Plea	se provide your name,	date and place of birth, Social Security number, and driver's license number:
а	ι.	Name	£ <del></del>
		Maiden Name	
ŀ	).	Date of Birth	\$1
C		Place of Birth	\$
c	l.	Social Security No.	\$
e	١,	Driver's License No	Ŧ
2. V	Nhe	ere is your current hom	ne address?
а	١.	Address	t <sub>2</sub>
ŀ	).	How long in State	f
C		County of residence	i
Ċ	l.	How long in county	ő
е		Residence telephone	ē
Ċ	l.	Mobile telephone	1
е		Email address	1
3. I	Plea	se complete the follow	ing employment information for you:
a	١.	Employer	:
c	l.	Telephone number	ŧ
e		Gross salary/monthly\$	÷
f		Annual gross (including	bonuses, stock options, etc.) \$
g	<b>5.</b>	Length of employment	i
ŀ	ι.	Education/Training	T <sub>2</sub>
			e's name, date and place of birth, Social Security number, driver's license number:
а	ι,	Name	<u>.                                    </u>
		Maiden Name	
ŀ	).	Date of Birth	
C		Place of Birth	
C	l.	Social Security No.	î
e	).	Driver's License No	ŧ
5. <b>\</b>	Wha	nt is the current home a	address of your spouse or significant other?
а	١.	Address	ŧ
ŀ	).	How long in state	T



Name: \_\_\_\_\_\_ Date: \_\_\_\_\_

		Country of worldown						
	С.	County of residence :						
	d.	How long in County : :		E 12 15 12 11	2. 9. 5			
6.	Wha	at is the employment history	of your spou	ıse or your significa	ant other?			
	a.	Employer :						
	b.	Job title :			22 - 22 - 22 - 23			
	c.	Address :						
	d.	Telephone number :						
	e.	Gross salary/monthly\$:						
	f.	Annual gross (including bonu	ses, stock opt	tions, etc.) \$				
	g.	Length of employment :	first 6xX	100 -00 -00 -00				
	h.	Education/Training :						
7.	Plea	se provide the following dat	es, if applica	ble: date of your m	arriage:			
	a.	Date of marriage :						
	b.	Date of separation :						
		121 641				** 50560		
0	If th		alationchin	nleace provide all	requested informa			
8.	If th	iere are any children of this i	elationship,	please provide all	requested informa	tion:		
8.		Name:	elationship,	please provide all	s.s.n.:	Place of Birth:	Residence:	
8.	If th	Name:	The second			Appear of the Ap	Residence:	
8.	1	Name:	The second			Appear of the Ap	Residence:	
8.	1 2	Name:	The second			Appear of the Ap	Residence:	
	1 2 3 4	Name:	Sex:	D.O.B.:		Appear of the Ap	Residence:	
9.	1 2 3 4 Do y	Name:  you or the child(ren) have he	Sex:	D.O.B.:		Appear of the Ap	Residence:	
9.	1 2 3 4 Do y a.	Name:  you or the child(ren) have he  Name of insurance company	Sex:	D.O.B.:	8.S.N.:	Place of Birth:		
9.	1 2 3 4 Do y a. c.	Name:  you or the child(ren) have he  Name of insurance company  Party responsible for premiur	Sex:  alth insuran  :	D.O.B.;	8.S.N.:	Place of Birth:		
9.	1 2 3 4 Doy a. c. d.	Name:  you or the child(ren) have he  Name of insurance company  Party responsible for premium  Monthly cost of premium \$	sex:  alth insuran  :  m :	D.O.B.:	S.S.N.:	Place of Birth:		
9.	1 2 3 4 Do y a. c.	Name:  you or the child(ren) have he  Name of insurance company  Party responsible for premiur	sex:  alth insuran  :  m :	D.O.B.:	S.S.N.:	Place of Birth:		
9.	1 2 3 4 Doy a. c. d. e.	Name:  you or the child(ren) have he  Name of insurance company  Party responsible for premium  Monthly cost of premium \$	sex:  alth insuran  :  m :  ugh a parent	D.O.B.:  ce?  s employment?	S.S.N.:	Place of Birth:		
9.	1 2 3 4 Doy a. c. d. e.	Name:  You or the child(ren) have he  Name of insurance company  Party responsible for premium  Monthly cost of premium \$  Is the insurance covered thro	sex:  alth insuran  :  m :  ugh a parent	ce? 's employment?	S.S.N.:	Place of Birth:		
9.	1 2 3 4 Doy a. c. d. e. Will If n	Name:  you or the child(ren) have he  Name of insurance company  Party responsible for premium  Monthly cost of premium \$  Is the insurance covered thro	sex:  alth insuran  :  m :  ugh a parent  tody of the c	D.O.B.:  ce?  cs employment?  hild(ren)?	S.S.N.:	Place of Birth:		
9.	1 2 3 4 Doy a. c. d. e. Will If n	Name:  you or the child(ren) have he  Name of insurance company  Party responsible for premium  Monthly cost of premium \$  Is the insurance covered thro  Il there be a dispute over cust  tot, who will have custody?	sex:  alth insuran  :  m :  ugh a parent  tody of the co	D.O.B.:  ce?  semployment?  hild(ren)?  puses:	8.S.N.:	Place of Birth:		
9.	1 2 3 4 Do y a. c. d. e. Will If n	Name:  You or the child(ren) have he  Name of insurance company  Party responsible for premium  Monthly cost of premium \$  Is the insurance covered thro  Il there be a dispute over cust  not, who will have custody?  In the circumstances of children  Special Needs	sex:  alth insuran  :  m :  ugh a parent  tody of the co	ce?  's employment?  hild(ren)?  ouses:	S.S.N.:	Place of Birth:		
9.	1 2 3 4 Doy a. c. d. e. Will If n . Spee a.	Name:  You or the child(ren) have he  Name of insurance company  Party responsible for premium  Monthly cost of premium \$  Is the insurance covered thro  Il there be a dispute over cust  tot, who will have custody?  In the circumstances of children  Special Needs : ——	sex:  alth insuran  :  m :  ugh a parent  tody of the co	ce?  's employment?  hild(ren)?  buses:	S.S.N.:	Place of Birth:		
9.	1 2 3 4 Doy a. c. d. e. Will If n a. Spe a. b.	Name:  You or the child(ren) have he  Name of insurance company  Party responsible for premium  Monthly cost of premium \$  Is the insurance covered thro  Il there be a dispute over custod, who will have custody?  In the circumstances of children is a circumstance of children is a circumstance in the control of the contr	sex:  alth insuran  :  m :  ugh a parent  tody of the co	D.O.B.:  ce?  semployment?  hild(ren)?  puses:	S.S.N.:	Place of Birth:		
9.	1 2 3 4 Do y a. c. d. e. Will If n b. c. d.	Name:  You or the child(ren) have he  Name of insurance company  Party responsible for premium  Monthly cost of premium \$  Is the insurance covered thro  Il there be a dispute over custod, who will have custody?  In the circumstances of children is a circumstance of children is a circumstance in children is a circumstance in children is a circumstance in children in circumstance in children in circumstance in c	sex:  alth insuran  :  m :  ugh a parent  tody of the co	ce?  's employment?  hild(ren)?  puses:	S.S.N.:	Place of Birth:		
9.	1 2 3 4 Doy a. c. d. e. Will If n b. c. d.	Name:  You or the child(ren) have he  Name of insurance company  Party responsible for premium  Monthly cost of premium \$  Is the insurance covered thro  Il there be a dispute over custot, who will have custody?  In the circumstances of children is circumstances of children is circumstances.  Special Needs :—  Religious Issues :—  Personal Injury Claims :—	sex:  alth insuran  :  m :  ugh a parent  tody of the co	ce?  's employment?  hild(ren)?  puses:	S.S.N.:	Place of Birth:		



Name: \_\_\_\_\_ Date: \_\_\_\_\_

,						
	Name:	Sex:	D.O.B.:	S.S.N.:	Place of Birth:	Residence:
3						
4						
					ovide all the requested info	
					ni Cni d	
1	Name:	Sex:	D.O.B.:	S.S.N.:	Place of Birth:	Residence:
2						
3						
4						
al Es	e list all Real Estate Prope state Property #1 ddress ear bought	1				
eal Es  A  Ye  E  M	state Property #1  ddress ear bought stimate current mkt. value urrent amount owing	: : \$ \$				
A Ye E: C	state Property #1  ddress ear bought stimate current mkt. value urrent amount owing Ionthly payments	: : \$ \$ :				
A Ye E: C M	state Property #1  ddress ear bought stimate current mkt. value urrent amount owing Ionthly payments ow is title held, if known	:sss::::::				
A A Ye E: C M H H GGG	ddress ear bought stimate current mkt. value urrent amount owing Ionthly payments ow is title held, if known	:sss::::::				
A YOU SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	ddress ear bought stimate current mkt. value urrent amount owing Ionthly payments ow is title held, if known ow is responsible for loan eneral comments	:				
A YOU SHARE A A A A A A A A A A A A A A A A A A	ddress ear bought stimate current mkt. value urrent amount owing tonthly payments ow is title held, if known tow is responsible for loan eneral comments	:				
A Ye E: Co	ddress ear bought stimate current mkt. value urrent amount owing Ionthly payments ow is title held, if known iow is responsible for loan eneral comments state Property #2 ddress	:				
A Yee E: A Yee E: E:	ddress ear bought stimate current mkt. value urrent amount owing Ionthly payments low is title held, if known low is responsible for loan eneral comments state Property #2 ddress ear bought	: : \$ : : :				
A Ye E: Ch	ddress ear bought stimate current mkt. value urrent amount owing tonthly payments fow is title held, if known fow is responsible for loan eneral comments state Property #2 ddress ear bought stimate current mkt. value	:				
eal Eseal Es	ddress ear bought stimate current mkt. value urrent amount owing tonthly payments fow is title held, if known fow is responsible for loan eneral comments state Property #2 ddress ear bought stimate current mkt. value urrent amount owing	:				
eal Es	ddress ear bought stimate current mkt. value urrent amount owing tonthly payments fow is title held, if known fow is responsible for loan eneral comments state Property #2 ddress ear bought stimate current mkt. value urrent amount owing tonthly payments	:				



Name:	Date:
220 TO 15 TO	

13.	What are	your Bank A	Accounts, Savings	Accounts,	C.D.'s,	Credit Union,	Savings Bonds:
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14. If you have been married before, how many times?

If there are children from a previous marriage or other relationship, please provide all requested information:

	Name:	Sex:	D.O.B.:	S.S.N.:	Place of Birth:	Residence:
1						
2						
3						
4						

15. Do you or your spouse pay or receive child support? _		
Describe child support payments \$	per	

16. If your spouse has been married before, how many times? \_

If there are children from the previous marriage or other relationship, please provide all the requested information:

	Name:	Sex:	D.O.B.:	S.S.N.:	Place of Birth:	Residence:
1						
2						
3						
4						

#### **ASSETS**

17. P	lease list all Real Estate Property				
$R\epsilon$	Real Estate Property #1				
a.	Address				
b.	Year bought :	<u>.</u>			
c.	Estimate current mkt. value \$	<u>.</u>			
d.	Current amount owing \$	<u>.                                    </u>			
e.	Monthly payments \$	<u>.                                    </u>			
g.	How is title held, if known	<u> </u>			
h.	How is responsible for loan	<u>:</u>			
i.	General comments	<u>.</u>			
		i			
Re	al Estate Property #2				
a.	Address				
b.	Year bought	:			
c.	Estimate current mkt. value \$	:			
d.	Current amount owing \$	:			
e.	Monthly payments \$	:			
g.	How is title held, if known:	:			
h.	How is responsible for loan:	:			
i.	General comments	:			
		\$			



Name: \_\_\_\_\_ Date: \_\_\_\_\_

		nts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds:
	ount #1	
a.		·
b.	Account type (checking,	savings, IRA, etc.):
c.	Account number	ŧ
d.	Amount on deposit \$	
e.	Name(s) on Account	t
f.	Authorized user(s)	ŧ
Acce	ount #2	
a.	Name of bank	F
b.	Account type (checking,	savings, IRA, etc.) :
c.	Account number	F
d.	Amount on deposit \$	
e.	Name(s) on Account	t
f.	Authorized user(s)	÷
Acce	ount #3	
a.	Name of bank	f
b.	Account type (checking,	savings, IRA, etc.):
c.	Account number	
d.	Amount on deposit \$	<del>,</del>
e.	Name(s) on Account	T
f.	Authorized user(s)	ī
	t all Motor Venicles, Boa icle #1	ats, Airplanes, Motorcycles, Trailers:
a.	Year and model	f
b.	Vehicle ID number	1
c.	Car driver	÷
d.	Estimated value/conditi	on \$
e.	Loan balance	\$
f.	How is title held, if known	wn :
Veh	icle #2	
a.	Year and model	ŧ
b.	Vehicle ID number	F
c.	Car driver	I



Name: \_\_\_\_\_ Date: \_\_\_\_\_

	d.	Estimated value/condit	ion \$			
	e.	Loan balance	\$			
	f.	How is title held, if kno	wn :			
20.	List	all Retirement, Pensio	ons, and Savings Plan	s:		
	a.	Do you participate in a	ny retirement plan or	company savings plan?		
		If so, describe the plan(	s):	1250 Ti 1250 Ti 1250		
	b.	Does your Spouse parti	cipate in any retireme	ent plan or company savings		
		plan?				
		If so, describe the plan(	(s):			
21.		any other Deferred Co ployee stock options, a			on, disability benefits, bonuses and other "special payme	nts,"
	a.	Name or type of your b	enefit :			
		Please describe the ben	efit :			
		<u> </u>				
	b.	Name or type of your S	pouse's benefit:			
		Please describe the ben	efit :			
		<del>5</del>	2 2			
22.	List	all Life Insurance or A	Annuities:			
	Insu	rance #1				
	a.	Insurance company	:			
	b.	Policy number	:			
	c.	Insuring life of	:			
	d.	Beneficiary	£			
	e.	Type of policy	(Whole Life)	(Term)	(Universal)	
	f.	Cash value \$	W			
	g.	Loans against policy	:	<u> </u>		
	Insun	rance #2				
		Insurance company				
		Policy number				
		Marco Marco Vario				
		Insuring life of				
		Beneficiary	70 de 10 de	<del> </del>	V 28 448	
	e.	Type of policy	(Whole Life)	(Term)	(Universal)	
	f.	Cash value \$	e <del></del>			



Name: \_\_\_\_\_\_ Date: \_\_\_\_\_

23. List any Brokerage or Mutual Fund Accounts:  Account #2  a. Name of account :  b. Estimate amount invested \$  24. List all Stocks, Bonds, and Other Securities (include securities not previously disclosed:  Investment #2  a. Name of stock :  b. Estimate amount invested \$  25. Destange #2  a. Name of stock :  a. Name of stock :  b. Estimate amount invested \$  26. List and smount invested \$  27. List any and all Other Assets or property not named above:  27. List any and all Other Assets or property not named above:  28. Debte: (Other than house and/or automobilles; e.g., Charge Cards, Personal Loans, etc)  a		g.	Loans against policy	·
a. Name of account :			2	al Fund Accounts:
b. Estimate amount invested \$  Account #2 a. Name of account : b. Estimate amount invested \$  24. List all Stocks, Bonds, and Other Securities (include securities not previously disclosed: Investment #1 a. Name of stock : b. Estimate amount invested \$  Investment #1 a. Name of stock : b. Estimate amount invested \$  25. Does anyone owe you or your spouse money? a. How much is owed? \$ b. Oved by whom? : c. For what purpose? : 26. If you are involved in any lawsuits, please explain:  DEBTS  28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc) a. \$ b. \$ 5 c. \$			12000000000000000000000000000000000000	
a. Name of account:  b. Estimate amount invested \$				
b. Estimate amount invested \$  24. List all Stocks, Bonds, and Other Securities (include securities not previously disclosed:    Investment #1		Acc	ount #2	
24. List all Stocks, Bonds, and Other Securities (include securities not previously disclosed:    Investment #1		a.	Name of account	<u>.                                    </u>
a. Name of stock :		b.	Estimate amount investe	ed \$
a. Name of stock :				Other Securities (include securities not previously disclosed:
b. Estimate amount invested \$  Investment #1  a. Name of stock :				
Investment #1  a. Name of stock :				
a. Name of stock :		b.	Estimate amount investe	:d \$
b. Estimate amount invested \$  25. Does anyone owe you or your spouse money?  a. How much is owed? \$  b. Owed by whom? :  c. For what purpose? :  26. If you are involved in any lawsuits, please explain:  27. List any and all Other Assets or property not named above:  DEBTS  28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a.		Inve	estment #1	
25. Does anyone owe you or your spouse money?  a. How much is owed? \$  b. Owed by whom? :		a.	Name of stock	:
a. How much is owed? \$ b. Owed by whom? : c. For what purpose? :  26. If you are involved in any lawsuits, please explain:  27. List any and all Other Assets or property not named above:  DEBTS  28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a \$ b \$ c \$		b.	Estimate amount investe	ed\$
b. Owed by whom?  c. For what purpose?  26. If you are involved in any lawsuits, please explain:  27. List any and all Other Assets or property not named above:  DEBTS  28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a	25.	Do	es anyone owe you or yo	ur spouse money?
C. For what purpose? :		a.	How much is owed? \$	8
26. If you are involved in any lawsuits, please explain:  27. List any and all Other Assets or property not named above:  DEBTS  28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a \$		b.	Owed by whom?	f
DEBTS  28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a		c.	For what purpose?	f
DEBTS  28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a	26.	If y	ou are involved in any la	awsuits, please explain:
DEBTS  28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a		-		
28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a	27.	Lis	t any and all Other Asset	ts or property not named above:
28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a		_		
28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a				
28. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc)  a				
a				DEBTS
b \$ c \$	28.	Del	bts: (Other than house a	nd/or automobiles; e.g., Charge Cards, Personal Loans, etc)
c \$		a.		
		b.	-	
d \$		c.		
		d.		



Date:

1	ef.	_ \$ _ \$
	g	_ \$
	rate Property: u own any separate property (property owned before marriage, owned after separation or property received during marriage as a gift itance)?	
	What do you claim is your separate property?	
24.	Does your spouse own separate property?	
	If so, describe property:	
	25433 A(A), 2080 1986 BE:	

Name:

The initial consultation does not create an attorney-client relationship. This initial conference is meant as an educational process for the person appearing for the consultation so that he/she may obtain a general understanding of the issues he/she is facing and the costs that may be involved. This conference gives the attorney the opportunity to meet with the person seeking the consultation and to determine whether this office will accept the case. Specific strategies and litigation plans will not be discussed at the initial consultation. The attorney will not review this form at the consultation and will not give any instruction as to how to complete the form during the consultation. However, your preparation of this form will prepare you for your initial consultation with the firm so that your consultation is productive and educational for you.

#### THE CONSULTATION DOES NOT CREATE AN ATTORNEY-CLIENT RELATIONSHIP.

Upon being retained, however, this office will receive and review this form, and we will provide additional documentation for completion, as deemed necessary on a case by case basis.