

# INTAKE QUESTIONNAIRE

## **I. YOUR PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Nick Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Address:: \_\_\_\_\_

County of Home Address: \_\_\_\_\_ Date lived at address since: \_\_\_\_\_

Word Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

To which address do you wish correspondence sent, or if you wish to have it sent to another address, provide that address here: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cellular/Pager: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please indicate any directions/restrictions in calling you: \_\_\_\_\_  
\_\_\_\_\_

Please list any other home addresses you have had for the past six (6) months: \_\_\_\_\_  
\_\_\_\_\_

## **II. INFORMATION ABOUT OPPOSING PARTY:**

Full Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Any other name commonly used: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

County of Home Address: \_\_\_\_\_ Date lived at address since: \_\_\_\_\_

Employer: \_\_\_\_\_ How long worked there: \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cellular/Pager: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**III. INFORMATION ABOUT YOUR CHILDREN:**

Full Name

Date of Birth

Resides with

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All addresses the children have lived for the past 5 years and with whom they lived:

Address

Lived with

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Do any of your children have any physical or other problems that will be a factor in this case (i.e., learning disability, physical impairment, etc.)? If so, please explain: \_\_\_\_\_

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**IV. INFORMATION ABOUT YOUR EMPLOYMENT**

Are you employed? \_\_\_\_\_ If yes, state your employer: \_\_\_\_\_

Job title: \_\_\_\_\_ Type of job: \_\_\_\_\_

Employed since: \_\_\_\_\_ Gross yearly salary: \_\_\_\_\_

Please state your education and vocational training (including numbers of years you attended high school and college, if applicable): \_\_\_\_\_

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**V. INFORMATION ABOUT THE OPPOSING PARTYIES EMPLOYMENT:**

Is he/she employed? \_\_\_\_\_ If yes, state their employer: \_\_\_\_\_

Job title: \_\_\_\_\_ Type of job: \_\_\_\_\_

Employed since: \_\_\_\_\_ Gross yearly salary: \_\_\_\_\_

Please state his/her education and vocational training (including numbers of years he/she attended high school and college, if applicable): \_\_\_\_\_

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**VI. PRIOR PROCEEDINGS:**

Have there been any legal or other proceedings between you and the opposing party? If so, please describe: \_\_\_\_\_

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**VII. OTHER**

Has the opposing party consulted an attorney regarding this matter? If so, please indicate his/her name and address, if known: \_\_\_\_\_  
\_\_\_\_\_

Have you consulted other attorneys regarding this matter? If so, please state who you have seen and when: \_\_\_\_\_

Do you have a will? If so, who are the beneficiaries? \_\_\_\_\_  
\_\_\_\_\_

Do you have an accountant or have you ever used an accountant? \_\_\_\_\_

Where did you first hear about us?

\_\_\_\_ Referral (please provide name) \_\_\_\_\_

\_\_\_\_ Search engine

\_\_\_\_ Martindale-Hubbell

\_\_\_\_ Lawyers.com directory

\_\_\_\_ Findlaw directory

\_\_\_\_ Other \_\_\_\_\_

**\*DO NOT discuss this case, or aspects of it, with anyone other than your attorney.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_