

**CLIENT QUESTIONNAIRE**

FIRST NAME: \_\_\_\_\_

Office Use Only: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

I.  
1. Client's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

County: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Citizen Of: \_\_\_\_\_

**Mailing Address: c/o** \_\_\_\_\_  
**(If different** (Street)

**from above)** \_\_\_\_\_  
(City) (State) (Zip)

2. Opposing Party: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

County: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Citizen Of: \_\_\_\_\_

3. Marriage:

Date: \_\_\_\_\_ Place: \_\_\_\_\_  
(City) (County) (Country)

Type of Ceremony: \_\_\_\_\_ Civil \_\_\_\_\_ Religious

4. Separation:

Date of Separation: \_\_\_\_\_ Who Left: \_\_\_\_\_

Last Date of Sexual Relations: \_\_\_\_\_

Date of Divorce: (If applicable) \_\_\_\_\_

5. Children:

	<u>Name</u>	<u>Birth Date</u>	<u>Where Living</u>	<u>What School</u>	<u>Adopted*</u>	<u>By Prior Marriage**</u>
a.	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____	_____

\* Simply check off if child has been adopted by either spouse.

\*\* Insert "H" if child is Husband's child prior to this marriage, or "W" if child was Wife's by prior marriage.

**In addition to child's current address, please provide the places where child lived for the past five (5) years, and the names and present addresses of each person to live with the child during those years.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

Do any of the children have medical, psychological, and/or educational problems? If so, please specify in detail such problems:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Work Related Child Care costs: \_\_\_\_\_

Paid by Whom? \_\_\_\_\_

7. Extraordinary Medical Expenses: \_\_\_\_\_

Paid by Whom? \_\_\_\_\_

8. Is there of has there been litigation between you and your spouse?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Where: \_\_\_\_\_

9. Spouse employment:

Name of Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Salary: \_\_\_\_\_ Employed since: \_\_\_\_\_

Previous employment: \_\_\_\_\_

Employment Benefits:

Pension: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

401(k) Plan: \_\_\_\_\_

Thrift Savings Plan: \_\_\_\_\_

Stock Purchase Plan: \_\_\_\_\_

10. Client Employment:

Name of Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Salary: \_\_\_\_\_ Employed since: \_\_\_\_\_

Previous employment: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employment Benefits:

Pension: \_\_\_\_\_  
Health Insurance: \_\_\_\_\_  
Thrift Savings Plan: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_  
401(k) Plan: \_\_\_\_\_  
Stock Purchase Plan: \_\_\_\_\_

11. Attorney for Spouse: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_

12. Client's former attorney: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

II. Jurisdiction

Wife: Maryland Resident for Past Year: \_\_\_\_\_

Other: \_\_\_\_\_

Husband: Maryland Resident for Past Year: \_\_\_\_\_

Other: \_\_\_\_\_

III. Past Marriages

Number for Husband: \_\_\_\_\_

Number for Wife: \_\_\_\_\_

Wife's Maiden Name: \_\_\_\_\_

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Desire to Change Name to: \_\_\_\_\_

<u>HW</u>	<u>Name of Former Spouse</u>	<u>Date of Marriage</u>	<u>Date Terminated</u>	<u>How Terminated</u>	<u>Where Terminated</u>
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