

# CONFIDENTIAL CLIENT INFORMATION QUESTIONNAIRE

Conflict Check \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
Retainer \_\_\_\_\_  
Costs \_\_\_\_\_

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## I. YOUR PERSONAL FACTS:

A. NAME: \_\_\_\_\_

Other names used in the past: \_\_\_\_\_

ADDRESS \_\_\_\_\_

*Do not send correspondence to this address!*  
If you retain our services we will need you to provide a safe address and phone number for us to maintain contact with you.

PHONE: Home (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

S/S #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

## B. YOUR MARITAL STATUS [Complete Either #1 or #2 Below]

(1) **I AM PRESENTLY MARRIED/IN A DOMESTIC PARTNERSHIP. I AM HERE BECAUSE:**

- a.  I have been served papers by my spouse.
- b.  I want to file for Divorce/Terminate Domestic Partnership
- c.  I am considering Divorce/Terminate Domestic Partnership
- d.  I want information about a Legal Separation
- e.  Other: \_\_\_\_\_



(2) **I AM ALREADY DIVORCED / MY DOMESTIC PARTNERSHIP WAS TERMINATED. I AM HERE BECAUSE:**

a. I need to make changes to the following orders:

- Child Support  Increase  Decrease The Present Order States \$ \_\_\_\_\_ per Child.  
Spousal Support  Increase  Decrease The Present Order States \$ \_\_\_\_\_ per Month  
Child Custody  Increase  Decrease The Present Order States \_\_\_\_\_  
Child Visitation  Increase  Decrease The Present Order States \_\_\_\_\_

Property Issues (explain): \_\_\_\_\_

b. Other – I am here because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) **I AM NOT MARRIED AND I AM NOT IN A DOMESTIC PARTNERSHIP. I AM HERE BECAUSE:**

- a.  I have been served papers  
b.  I want to file a Paternity Action  
c.  I am considering filing a Paternity Action  
d.  I want information about a Paternity Action  
e.  Other: \_\_\_\_\_

**II. FACTS ABOUT YOUR CASE**

A.. YOUR MARRIAGE/RELATIONSHIP

Date of Marriage \_\_\_\_\_  
Date of Separation \_\_\_\_\_  
Length of Marriage \_\_\_\_\_  
Place of Marriage \_\_\_\_\_

B.. IF YOU OR THE OTHER PARTY HAS ALREADY FILED A CASE, PLEASE ANSWER THE FOLLOWING:

- a. Case Number: \_\_\_\_\_  
b. Future Court Dates: \_\_\_\_\_



C. CURRENT/PAST REPRESENTATION

Are you currently represented by an attorney in your case?  Yes  No If yes, who: \_\_\_\_\_

\_\_\_\_\_

Which attorneys/firms have previously represented you in your case? \_\_\_\_\_

\_\_\_\_\_

Is opposing party represented by an attorney?  Yes  No If yes, who: \_\_\_\_\_

\_\_\_\_\_

**III. FACTS ABOUT YOUR SPOUSE, FORMER SPOUSE, FORMER PARTNER, OR OTHER PARENT (THE OTHER PARTY IN YOUR CASE):**

A. NAME: \_\_\_\_\_

Other names used in the past: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE: Home( ) \_\_\_\_\_ Work( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_



DRIVER'S LICENSE #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

PHYSICAL DESCRIPTION: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Race \_\_\_\_\_

**IV. FACTS ABOUT YOUR MARRIAGE AND/OR FAMILY:**

**A. YOUR RESIDENCY**

Have you been a resident of California for the last six months?  Yes  No

**B. YOUR CHILDREN**

Have any of your children under age 18 lived outside of the State of California during the last five years?  Yes  No

Have your children lived with any person other than you and/or your spouse?  Yes  No

If yes, with whom? \_\_\_\_\_

Please list minor children of **this** marriage / relationship:

Child's Name	Date of Birth	Place of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any minor children from a prior marriage/relationship?  Yes  No

If there are minor children from a prior marriage/relationship, do they reside with you?  Yes  No

If there are minor children from a prior marriage/relationship, are you receiving child support?  Yes  No

If yes, how much? \$ \_\_\_\_\_

Are there any other court proceedings affecting your child(ren)?  Yes  No



If yes, please explain: \_\_\_\_\_

Where have your children resided during the last five years?

Date of Residence	Address	Person child lived with	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. EMERGENCY ORDERS:**

A. IF I FEEL I NEED EMERGENCY ORDERS BECAUSE MY SPOUSE OR PARTNER HAS:

- Actually hit me** or threatened to cause me physical harm.
- Actually hit the CHILD(REN)** or threatened to cause the CHILD(REN) physical harm.
- Threatened me or a member of my family with a **weapon**.
- I believe my spouse will continue to actually hit me and or carry out the threats.
- I fear for my personal safety and or the safety of my child(ren).
- My spouse abuses:  **alcohol**  **drugs**.
- My spouse has threatened to take our **children** away.

**VI. HOW DID YOU HEAR ABOUT OUR LAW FIRM?**

- Referred By:  Former Client: \_\_\_\_\_
- Other (Name): \_\_\_\_\_
- Newspaper: \_\_\_\_\_
- CPA/Financial Advisor/Insurance Agent: \_\_\_\_\_
- Another Attorney: \_\_\_\_\_
- ThinkHmaLaw.com: \_\_\_\_\_

