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**CLIENT INITIAL INFORMATION
QUESTIONNAIRE
FAMILY LAW**

For Office Use Only

Atty/Paralegal _____

Date Opened _____

File No. _____

FEE: \$100.00 FOR INITIAL HALF HOURS CONSULTATION WITH ASSOCIATES. ANY TIME OVER THE FIRST ½ HOUR WILL CHARGED AT THE ATTORNEY'S APPLICABLE HOURLY RATE. MR. CURRY'S INITIAL CONSULTATION FEE FOR FAMILY LAW MATTERS IS \$500.00 FOR UP TO ONE HOUR. THIS SUM SHALL BE PAID IN ADVANCE TO RECEPTIONIST PRIOR TO SEEING YOUR ATTORNEY UNLESS PRIOR ARRANGEMENTS ARE MADE.

GENERAL INFORMATION

The Attorney you are seeing: _____ Date _____

Who referred you to Curry Law Group, P.A.? _____

Have you seen our advertisements in/on? _____ TV _____ Phone Book _____ (which)

_____ Magazines _____ Newspaper _____ (which)

Are You a Prior Client? _____ If Yes, When? _____

Name of Attorney that Represented You _____

DISSOLUTION OF MARRIAGE ACTION DATA FORM

It is absolutely necessary that you answer all the questions in the following pages. With this information, your attorney is in a better position to answer the many questions you will have concerning your marital situation. He/She will be better able to render advice and to evaluate your marital and legal problems; and from this information, he will be better able to prepare the necessary legal papers. If any of the questions do not meet with your situation, pass on to the next question.

In conjunction with this questionnaire, you have also received a request for documentary data. This data should be secured before you attempt to fill out this form, if possible – they go together.

MARITAL INFORMATION

Your Name:

(First) _____ (Middle) _____ (Last) _____

Age: _____ Date of Birth: _____ Religion: _____ Ethnic Origin: _____

Education: _____ Length of time resident in State: _____

Present address: _____
(Street) (City/suburb) (County) (Zip code)

Future (new) address: _____
(Street) (City/suburb) (County) (Zip code)

Mailing address (if different than above): _____

Email address: _____

Telephone Nos.: Home: _____ Business: _____ Other: _____
Fax: _____ Cellular: _____

Which number should be used for contact? _____

Closest relative: _____

(Name) (Address) (Relationship) (Phone)

Your health: _____ Physician's name: _____

Under treatment for: _____

Present marriage: _____
(Date) (City) (County) (State)

Were you previously married? _____ If so, when and where were you divorced? _____

Are you receiving or paying any money for the support of children of a former marriage?

_____ If so, number of children: _____ Amount: \$ _____

Are any arrearages due for support? _____ If so, give amount: \$ _____

Name of Spouse or Former Spouse (circle one)

(First) (Middle) (Last)

Age: _____ Date of Birth: _____ Religion: _____ Ethnic Origin: _____

Education: _____ Length of time resident in State: _____

Present address: _____
(Street) (City/suburb) (County) (Zip code)

Future (new) address: _____
(Street) (City/suburb) (County) (Zip code)

Telephone Nos.: Home: _____ Business: _____ Other: _____

Fax: _____ Cellular: _____

Closest relative: _____
(Name) (Address) (Relationship) (Phone)

Spouse's health: _____ Physician's name: _____

Under treatment for: _____

Present marriage: _____
(Date) (City) (County) (State)

Was spouse previously married? _____ If so, when and where were he/she divorced? _____

Is spouse receiving or paying any money for the support of children of a former marriage?

_____ If so, number of children: _____ Amount: \$ _____

Are any arrearages due for support? _____ If so, give amount: \$ _____

Alimony to previous spouse: \$ _____ per _____ Arrears: \$ _____

Children of this marriage:

Full Name	Birth Date	Age	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Living with: _____ At: _____

The children listed above resided at the following addresses for the last five (5) years:
(dates, addresses and with whom)

Who has legal custody of these children? _____

Do any of the children have income? _____

Are you (or is your wife) pregnant or could you (or your wife) be pregnant? _____

Date of last sexual intercourse with spouse: _____

Are parties in the same home? _____ If not, date of separation: _____

Previous separations: From _____ to _____

Previous court action: Date filed by attorney: _____

What makes you feel you must institute this action? _____

How do you feel your spouse has contributed to the marital problems? _____

If your spouse is seeking a divorce, what makes him/her feel that he/she must institute this action? _____

How do you feel you have contributed to the marital problems? _____

Do you consider your marital problems irreconcilable? _____

Have you had marriage counseling? _____ If so, when? _____

Name of counselor: _____

Address: _____ Phone: _____

Professional affiliation of counselor: _____

Do you feel that further counseling, either to preserve the marriage or to aid in adjustment to a divorce, would be helpful? _____

Does your spouse have a girl/boyfriend? Yes _____ No _____

Do you have a girl/boyfriend? Yes _____ No _____

If yes, give names, ages, and addresses: _____

Explain: _____

Do you have reason to believe there will be a dispute as to the custody of your minor children? _____ If so, why? _____

Who is, or is likely to be, your spouse's attorney? _____

Do you desire your former name restored? _____ If so, what is your former name? _____

INCOME INFORMATION

HUSBAND'S Occupation: Employment, and/or Business

Employment:

Employed by: _____ for _____ years

Address: _____ Phone _____

Gross Salary: \$ _____ per _____ Bonus: \$ _____ per _____

Net Salary (take home): \$ _____ per _____ Social Security No.: _____

Commission: _____ Expense account: _____ Profit sharing: _____

Stock interest: _____ Savings plan: _____ Pension Plan: _____

What other benefits are provided by the employer? _____

Does husband also do any additional part-time work? _____

Business:

Name of company: _____

Address: _____ Phone _____

Service or product: _____

Date acquired: _____ Cost of investment: _____

Position held: _____ Other partners: _____

Stock interest: _____ Number of shareholders: _____

Directors/Officers: _____

Interest of wife: _____

Husband's previous work history and skills, including approximate dates: _____

WIFE'S Occupation: Employment, and/or
Business

Employment:

Employed by: _____ for _____ years

Address: _____ Phone _____

Gross Salary: \$ _____ per _____ Bonus: \$ _____ per _____

Net Salary (take home): \$ _____ per _____ Social Security No.: _____

Commission: _____ Expense account: _____ Profit sharing: _____

Stock interest: _____ Savings plan: _____ Pension Plan: _____

What other benefits are provided by the employer? _____

Does wife also do any additional part-time work? _____

Business:

Name of company: _____

Address: _____ Phone _____

Service or product: _____

Date acquired: _____ Cost of investment: _____

Position held: _____ Other partners: _____

Stock interest: _____ Number of shareholders: _____

Directors/Officers: _____

Interest of husband: _____

Are there any babysitting costs incurred while working? _____

Wife's previous work history and skills, including approximate dates: _____

If no answers to previous questions, what has spouse done or is capable of doing to help support themselves? _____

Do you or your spouse receive any financial assistance from a welfare department, Social Security, unemployment compensation, etc.? Yes ____ No ____

If so, from whom _____ for whom _____ and what amount \$ _____

Do you or your spouse receive a pension, disability or retirement, from the Veterans Administration, from a former employer, or any other source? Yes ____ No ____

If so, from whom _____ for whom _____ and what amount \$ _____

Do you or your spouse have any state or federal tax refunds due? Yes ____ No ____

If so, from whom _____ for whom _____ and what amount \$ _____

Are you, your spouse, or both of you named as parties in any existing lawsuit? _____

If so, please describe the circumstances: _____

ASSETS

Homestead:

Address: _____
(Street) (City/suburb) (County) (Zip code)

Is this homestead abstract property or torrens property? _____

List Plat No. _____ and Parcel No. _____ Legal Description: _____

Date Purchased: _____ Price: \$ _____ In Name of: _____

Present mortgage balance: \$ _____ Payable: \$ _____ per _____

Name and address of contact for deed holder: _____

Your market value of property: \$ _____ Approx. equity: \$ _____

Real estate taxes: \$ _____ Insurance: \$ _____ Included in house payment? Yes ____ No ____

House payments are in arrears by \$ _____ Taxes are in arrears by \$ _____

State date, type, and cost of any major improvements since purchase: _____

Other Real Estate:

Location: _____ Type: _____

Legal description: _____

Date Purchased: _____ Price: \$ _____ In Name of: _____

Mortgage balance: \$ _____ Payable: \$ _____ per _____

Taxes: \$ _____ Contract for deed balance: \$ _____ Payable \$ _____ per _____

any rental income from property? Yes____ No____ If so, state amount \$ _____

If additional real estate, list on back of this sheet**Other Personal Assets:**

Savings account and/or savings certificates at _____ Bank

Approx. balance: \$ _____ In name of _____

Checking account at _____ Bank

Approx. balance: \$ _____ In name of _____

Stocks: Company name: _____ Number of shares: _____

In name of: _____ Value \$ _____

Bonds: Company name: _____ Number of bonds: _____

In name of: _____ Value \$ _____

Do you or your spouse have any money or property held by others? Yes____ No____

If so, give details: _____

Were you or your spouse's separate money or property at the time of marriage in excess of \$1,000.00? Yes____ No____ If so, please explain: _____
_____What part, if any, of your marriage estate was received by you or your spouse by inheritance, gift, or damages resulting from personal injury claims (state by whom received, from whom, nature and date received)? _____
_____Are you or your spouse, or both of you beneficiaries under any estate now in probate (state which party, whose estate, and approximate amount involved)? _____

Life Insurance (privately obtained):

Policy No.: _____ with _____
on life of: _____ for \$_____ Beneficiary: _____
Yearly premium: \$_____ Cash surrender or loan value: \$_____

(If more than one privately purchased life insurance policy,
please list on reverse side, giving same information as above)

Life Insurance through employer:

Describe any life insurance you or your spouse may have through your or your spouse's employer or labor union, in the same terms as above if possible: _____

Medical Insurance: Check any of the following which are applicable:

Medical_____ Hospitalization_____ Major Medical_____ Dental_____ Glasses_____

Provided by your employer and/or labor union_____ Cost to you \$_____

provided by spouse's employer and/or labor union_____ Cost to spouse \$_____

Purchased privately _____ by whom? _____ Cost \$_____

If any of the above insurance does not cover the entire family, explain: _____

Individual Retirement Trust Account:

For yourself: Name of Institution Deposited with _____
Amount presently on Deposit \$_____

For your spouse: Name of Institution Deposited with _____
Amount presently on Deposit \$_____

Automobiles or Other Motor Vehicles:

Husband drives: Year _____ Make _____ Model _____

In name of _____ Loan \$_____ Payment \$_____ per _____

Wife drives: Year _____ Make _____ Model _____

In name of _____ Loan \$_____ Payment \$_____ per _____

List and describe, including approximate value and encumbrances, any boats, motors, trailers, motorcycles, snowmobiles, campers, or other motor vehicles: _____

Furniture:

Approximate value of household furniture and furnishings \$ _____

Antiques:

General description: _____

Approximate value \$ _____ Purchase price \$ _____

List tools and yard equipment: _____

OTHER DEBTS/LOANS

Lender, security, amount, balance, payment, and whose name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

State what credit cards you have, in whose name, how many card, balance owed, and payments:

SERVICE

Please give an accurate physical description of your spouse (height, weight, color of hair, color of eyes, distinctive physical characteristics, nickname, etc.). This information is necessary in order to insure prompt service of papers on your spouse. Also attach a recent photograph of your spouse if you have one.

Give make, model, year, color and license number of car your spouse is driving: _____

When and where should dissolution papers be served upon your spouse? _____

NOTE

In the event you must be reached by this office on short notice, give the name, address, and telephone number of the person most likely to know how you can be reached:

What do you consider as a fair (not what you want) award of property and support money from the assets and earnings of the parties?

Describe any items:

PROPERTY: _____

SUPPORT FOR WIFE: _____ SUPPORT FOR CHILDREN: _____

Do you clearly understand that the attorney you hire to represent you looks to you for his fees and not to your spouse? Yes _____ No _____

Reread the entire questionnaire again and be sure you have included everything that is asked of you.

ATTORNEY NOTES: _____

TO BE FILLED IN BY ATTORNEY

- A. Matter
(Accepted) _____ Retainer Agreement Signed
(Rejected) _____ Rejection Letter Sent
(Will Contact) _____ Future Contact Letter Sent _____
- B. Type of Matter: _____
- C. Action Requested: _____

- D. Follow-up Appointment: _____
- E. Thank you sent to referrer: _____

STATUTE OF LIMITATIONS: _____

CONFLICT OF INTEREST RUN: _____

By: _____

FOR OFFICE/BOOKKEEPING USE ONLY

Retainer	\$ _____	/	
Fee	\$ _____	/	
Fee (no invoice)	\$ _____	/	
Hourly Rate	\$ _____	/	_____

Attorney's Initials

COMMENTS: _____

