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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 _____

POST-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.

FORMER 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)

Email address: _____

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

Mailing address (if different than above): _____

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: _____

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

Divorced: _____ If so, when and where divorced?

Currently Married: _____

Name and address of Current Spouse: _____

Number of children of current marriage: _____

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 Former Spouse:

(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)

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

Fax: _____ Cellular: _____

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

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

Under treatment for: _____

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

Was former spouse previously married? _____ If so, when and where divorced? _____

Is former 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 former spouse: \$ _____ per _____ Arrears: \$ _____

Children of your prior marriage with former spouse:

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? _____

Do you have reason to believe there will be a dispute as to the custody of your minor children?

_____ If so, why? _____

Have you or children had counseling of any type? _____

If so, when? _____ Name of counselor: _____

If so, when? _____

Address: _____ Phone: _____

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

INCOME INFORMATION

FORMER HUSBAND'S Occupation: Employment, and/or Business

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

FORMER WIFE'S Occupation: Employment, and/or Business

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 former 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 former husband: _____

Are there any babysitting costs incurred while working? _____

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

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

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

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

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

If so, please describe the circumstances: _____

YOUR 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 former spouse have any money or property held by others? Yes___ No

If so, give details:

Life Insurance through employer:

Describe any life insurance you or your former spouse may have through your or your former 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 former spouse's employer and/or labor union_____

Cost to former spouse \$_____

Purchased privately _____ By whom? _____ Cost \$_____

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

Automobiles or Other Motor Vehicles:

Former Husband drives: Year _____ Make _____ Model _____

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

Former 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: _____

SERVICE:

Please give an accurate physical description of your former 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 former spouse. Also attach a recent photograph of your former spouse if you have one.

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

When and where should papers be served upon your former 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:

Do you clearly understand that the attorney you hire to represent you looks to you for his fees and not to your former spouse? Yes_____No_____

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

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: _____

