

****There is a charge of \$350/hour (pro-rated) for all consultations, payable at the time of the consultation. We accept cash, ATM, and credit cards; checks are accepted only if/when we are retained for representation.**

Date Opened:
Client #:
Type:
County:
Ref. By:
Fees:
Petitioner/Respondent?

CLIENT INFORMATION QUESTIONNAIRE

A. Name: _____
Address: _____
City: _____ Zip Code: _____
Telephone: Home _____ Work _____
 FAX _____ Cell _____
E-Mail Address: _____
DATE OF BIRTH: _____
DRIVER'S LICENSE NUMBER: _____
SOCIAL SECURITY NUMBER: _____

B. Opposing Party's Name: _____
Address: _____
City: _____ Zip Code: _____
Telephone: Home _____ Work _____
 FAX _____ Cell _____
E-Mail Address: _____
DATE OF BIRTH: _____
DRIVER'S LICENSE NUMBER: _____
SOCIAL SECURITY NUMBER: _____

C. Opposing Attorney: _____
Address: _____
City: _____ Zip Code: _____
Telephone: Home _____ Work _____
 FAX _____ Cell _____
E-Mail Address: _____

D. Have you been a resident of California for the last six months and a resident of _____ County for the last three months? _____

If not, please state your place of residence for the last six months:

County of filing: _____

E. Child(ren)'s Name(s) & Birthdate(s):

F. Have any of the children lived outside the state of California during the last (5) years?

G. Complete address(es) of children for the past five years:
Address: _____
City: _____ Zip Code: _____
Dates lived at the above address: _____
Name(s) of person with whom child(ren) lived: _____
Address: _____
City: _____ Zip Code: _____
Name(s) of person with whom child(ren) lived: _____
Dates lived at the above address: _____
Address: _____
City: _____ Zip Code: _____
Dates lived at the above address: _____
Name(s) of person with whom child(ren) lived: _____
*Attach continuation page if necessary.

H. List the city and state of birth for each child:

I. Have the children lived with any person other than you and/or your spouse?

(Yes or No) (Name of person with whom children lived and dates)

J. Are there any other pending custody proceedings concerning the children? _____

K. Name of Accountant: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ FAX: _____

L. Name of Counselor or Therapist: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ FAX: _____

For Dissolution of Marriage and Legal Separations:

Date of Marriage: _____

Place of Marriage: _____

Date of Separation: _____

Request Attorney fees to be paid by: _____

Wife's former name to be restored: _____