

CONNELL & WHEELER
Attorneys at Law

NEW CLIENT QUESTIONNAIRE

PERSONAL INFORMATION

Date you completed this form: _____

Full Name: _____

Maiden Name: _____

Place & Date of Birth: _____

Social Security No.: _____

Home Address: _____
(Street) (City) (State) (Zip)

County of Home Address: _____ Lived at address since: _____

Work Address: _____
(Street) (City) (State) (Zip)

Please specify the confidential address to which you wish correspondence sent:

Correspondence Address: _____
(Street)

(City) (State) (Zip)

Work Phone: _____ Home Phone: _____

Fax Number: _____ Cell Number: _____

E-Mail Address: _____

Please list below any directions or restrictions on calling you or sending you mail:

Emergency Contact Name: _____

Phone Number: _____

Address: _____

INFORMATION ON SPOUSE:

Full Name: _____ Maiden Name: _____

Place & Date of Birth: _____ Social Security No.: _____

Home Address: _____
(Street) (City) (State) (Zip)

County of Home Address: _____ Lived at address since: _____

Work Address: _____
(Street) (City) (State) (Zip)

Work Phone: _____ Home Phone: _____

Fax Number: _____ Cell Number: _____

MARRIAGE HISTORY:

Date of Marriage: _____

Place: _____
(City) (County) (State)

Number of this marriage for you: _____ Number of this marriage for your spouse: _____

Are you and your spouse living together now? _____ Date of separation? _____

When was the last time you had sexual relations with your spouse? _____

Grounds for Divorce: _____

INFORMATION ABOUT YOUR CHILDREN:

Children of this marriage:

<u>Name</u>	<u>Date of Birth</u>	<u>Living With</u>	<u>Social Security No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children living with you but not of this marriage:

<u>Name</u>	<u>Date of Birth</u>	<u>Child of Wife/Husband</u>	<u>Social Security No.</u>
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Addresses at which the children have lived for the past 5 years and with whom they lived?

Do you anticipate a dispute about custody of the children? _____

INFORMATION ABOUT YOUR EMPLOYMENT:

Name of Employer: _____

Address of Employer: _____

Job Title: _____ Employed Since: _____

Income: _____

Please state your educational and vocational training (including number of years you attended high school and college, if applicable):

INFORMATION ABOUT YOUR SPOUSE'S EMPLOYMENT:

Name of Employer: _____

Address of Employer: _____

Job Title: _____ Employed Since: _____

Income: _____

Please state your spouse's educational and vocational training (including number of years you attended high school and college, if applicable):

INFORMATION ABOUT PRIOR MARRIAGES:

If you and/or the opposing party have been married before, please list the name of prior spouse(s) and how the prior marriage(s) ended:

If you and/or the opposing party have any children from any prior marriage, please list the names and ages of any children and state with whom the children live and any support paid by you or the opposing party for their benefit:

CHILD SUPPORT ORDERS FOR OTHER CHILDREN:

For each pre-existing order, list the required information and the amount actually paid monthly (Do not include arrears): **PLEASE BRING A COPY OF ALL ORDERS WITH YOU.**

<u>Court Name:</u>	<u>Case #:</u>	<u>Name & birth dates of Children:</u>	<u>Initial Date of Order:</u>	<u>Amount Pd. By Mother:</u>	<u>Amount Pd. By Father:</u>
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PRIOR PROCEEDINGS:

Have there been any legal or other proceedings between you and the opposing party? If so please state: **PLEASE BRING A COPY OF ALL ORDERS WITH YOU.**

RECONCILIATION:

Do you have any interest in reconciliation? _____ Does your spouse? _____

Have you tried marriage counseling? _____

If so, please provide the names of the counselor(s) and the dates you attended:

OTHER:

Has the opposing party consulted an attorney regarding this matter? _____

If yes, please indicate the attorneys name and address, if known:

PLEASE BRING THE FOLLOWING DOCUMENTS WITH YOU TO YOUR APPOINTMENT:

- 1) Tax Returns for previous three (3) years**
- 2) Your last two paycheck stubs**
- 3) Your most recent credit card statements**
- 4) Your most recent checking, savings, retirement and other account statements**
- 5) Deeds to property you or your spouse own**
- 6) Balances due on your debts**

***MUST BE COMPLETED FOR CHILD SUPPORT WORKSHEET!
 *MUST PROVIDE IN LAST COLUMN WHICH PARENT PAYS THE EXPENSE!**

	Child #1	Child #2	Child #3	Pd. By
Child Name:	_____	_____	_____	_____
Child Care:				
Cost during summer	____ per mo.	____ per mo.	____ per mo.	_____
Cost during school year	____ per mo.	____ per mo.	____ per mo.	_____
School Tuition:	____ per mo.	____ per mo.	____ per mo.	_____
Tutoring:	____ per mo.	____ per mo.	____ per mo.	_____
Private Lessons: (i.e. music, dance)	____ per mo.	____ per mo.	____ per mo.	_____
Other Educational Expense List:				
_____	____ per mo.	____ per mo.	____ per mo.	_____
_____	____ per mo.	____ per mo.	____ per mo.	_____
Cost of Insurance:				
Medical	____ per mo.	____ per mo.	____ per mo.	_____
Dental	____ per mo.	____ per mo.	____ per mo.	_____
Vision	____ per mo.	____ per mo.	____ per mo.	_____
Out of pocket RX med., dental, etc.	____ per mo.	____ per mo.	____ per mo.	_____
Extracurricular Activities:				
_____	____ per mo.	____ per mo.	____ per mo.	_____
_____	____ per mo.	____ per mo.	____ per mo.	_____
Summer Camp:	____ per mo.	____ per mo.	____ per mo.	_____