

Client Name: _____

Email: _____

Date: _____

FAMILY LAW CLIENT QUESTIONNAIRE

Please fill out this questionnaire and return it to the attorney as soon as possible.

It is important that you answer each question fully.

It is imperative that you be candid.

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the answer to the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and *will save you money* on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

PERSONAL INFORMATION

About You:

1. Please give your full name, date of birth, and social security number:

Full Name: _____

Maiden Name (if any): _____

Birth Date: _____

Social Security Number: _____

2. Where are you living now, and what is your phone number?

Address: _____

City: _____

County: _____

Home Phone: _____ Preferred

Work Phone: _____ Preferred

Mobile Phone: _____ Preferred

3. Is there another person who can reach you if necessary?

Name of contact person: _____

Your relationship to that person: _____

Phone Number: _____

Address: _____

4. At what address do you wish to receive mail from this office?

5. Who referred you to this office?

6. Have you consulted or retained any other attorneys on this matter before coming to this office? _____

If so, please state who and when: _____

7. Please complete the following information concerning your employment:

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone No: _____

May we call you at work? _____

Gross salary per month/per hour or annually: _____

Length of employment: _____

Level of Education: _____

8. Were you ever in the military? _____

If so, which branch? _____

Length of service: _____

Is your service complete? _____

About the Opposing Party (Your spouse, ex-spouse, or other parent of the child):

9. Please list the opposing party's full name, date of birth, driver's license number and social security number:

Full Name: _____

Maiden Name (if any): _____

Birth Date: _____

Social Security Number: _____

10. Where is the opposing party living today, and what is his/her phone number?

Address: _____

City: _____

County: _____

Mailing address if different: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

11. Please complete the following information concerning the opposing party's employment:

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone No: _____

May we call you at work? _____

Gross salary per month/per hour or annually: _____

Length of employment: _____

Level of Education: _____

12. Was the opposing party ever in the military? _____

If so, which branch? _____

Length of service: _____

Is your service complete? _____

ABOUT THE CHILDREN:

13. Please list the full name, date and place of birth, sex and social security number of each child who is the subject of this suit:

Name: _____

Sex (M/F?): _____

Date of Birth: _____

Place of Birth: (include city, state and county): _____

Social Security Number: _____

Name: _____

Sex (M/F?): _____

Date of Birth: _____

Place of Birth: (include city, state and county): _____

Social Security Number: _____

Name: _____

Sex (M/F?): _____

Date of Birth: _____

Place of Birth: (include city, state and county): _____

Social Security Number: _____

Name: _____

Sex (M/F?): _____

Date of Birth: _____

Place of Birth: (include city, state and county): _____

Social Security Number: _____

14. Do you plan to seek primary custody of the child(ren)? _____

15. Do you expect the other parent to seek primary custody of the child(ren)?

16. Where and with whom are the children living now? _____

17. How are the children currently covered on medical insurance? _____

18. What is the monthly cost of the children's portion of the health insurance? _____

19. Are there any children born during the marriage who are not the children of you or your spouse? If so, please list the following information:

Name: _____

Sex (M/F?): _____

Date of Birth: _____

Place of Birth: (include city, state and county): _____

Social Security Number: _____

Name of biological parents of the child: _____

Name of the parents listed on the child's birth certificate: _____

Has there ever been a court action regarding this child? _____

If so, please list:

Court Number: _____

City, State and County of Prior Order: _____

Date of last court order: _____

Title of last court order: _____

Was there a prior attorney involved? _____

Name of your attorney: _____

Name of the other attorney's involved in the case: _____

Has there ever been biological parentage testing regarding this child? _____

If so, what were the results? _____

ABOUT YOUR MARRIAGE AND SEPARATION:

20. Please give the date and place of your marriage:

Date: _____

Place (include city, state and county): _____

21. Date of separation: _____

22. Have you seen a marriage counselor: _____

If so, please state name, and dates of counseling: _____

23. What is your religious preference? _____

24. What is your spouse's religious preference? _____

25. Check as appropriate if your marital difficulties involve any of the following:

_____ drugs/alcohol _____ sexual disappointment _____ infidelity

_____ financial dispute _____ physical violence _____ religion

_____ incompatibility _____ other: _____

26. How long have you lived in Colorado? _____

27. How long have you lived in the county? _____

28. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

Did you have an attorney? _____

If so, who? _____

Did your spouse or ex-spouse have an attorney? _____

If so, who? _____

Is the divorce still pending in court? _____

29. Have you ever been married before? _____

If so, how many times? _____

30. Do you or the opposing party have any other children for whom a duty of support is owed?

31. If so, please give the full name, date and place of birth, sex, and social security number of each such child:

Name: _____

Sex (M/F?): _____

Date of Birth: _____

Place of Birth: (include city, state and county): _____

Social Security Number: _____

Name of parents: _____

32. Where and with whom do these children live?

33. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

34. Does the opposing party pay/receive child support?

If so, how much? \$ _____ per _____

35. If a divorce is granted, should the wife's maiden name be restored? _____

If so, what name should be used? _____

“SKELETONS IN THE CLOSET” AND SENSITIVE TOPICS:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is “yes,” please describe the situation in detail.
Will anyone allege that you or the opposing party has done any of the following:

| | You | The Opposing Party |
|--|-------|--------------------|
| 1. Committed a crime? | _____ | _____ |
| 2. Been arrested? | _____ | _____ |
| 3. Been in jail or prison? | _____ | _____ |
| 4. Used illegal drugs? | _____ | _____ |
| 5. Been hospitalized for using illegal drugs? | _____ | _____ |
| 6. Abused prescription drugs? | _____ | _____ |
| 7. Been hospitalized for abusing prescription drugs? | _____ | _____ |
| 8. Abused alcohol? | _____ | _____ |
| 9. Been hospitalized for abusing alcohol? | _____ | _____ |
| 10. Been arrested for or convicted of driving while under the influence of alcohol or drugs? | _____ | _____ |
| 11. Engaged in gambling activities? (legal or illegal?) | _____ | _____ |
| 12. Engaged in other illegal activities? | _____ | _____ |
| 13. Attempted suicide? | _____ | _____ |
| 14. Been hospitalized for an emotional or psychiatric disorder? | _____ | _____ |
| 15. Suffered from or received treatment for an emotional or psychiatric condition? | _____ | _____ |
| 16. Abused the other party? | _____ | _____ |
| 17. Been accused of child abuse? | _____ | _____ |

18. Had a sexual relationship during the marriage with someone other than spouse? _____

19. Had a sexual relationship (during or not during the marriage) with someone other than spouse of which the children were aware? _____

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship:

20. Had a homosexual/bisexual relationship? _____

21. Engaged in unusual sexual practices? _____

22. Had a pregnancy outside of marriage? _____

23. Had a sexually transmitted disease? _____

25. If you or the opposing party has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation:

26. Do you or the opposing party suffer from any physical disability that would interfere with being able to care for the children?

27. Have you or the opposing party made any photographs or audio or visual records of the other party?

If so, please describe the content:
