

## FAMILY CLIENT QUESTIONNAIRE

### 1. CLIENT PERSONAL INFORMATION

Client's name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Maiden or former name to be resumed: \_\_\_\_\_ Yes/No \_\_\_\_\_

Residence: \_\_\_\_\_

How long at present residence: \_\_\_\_\_

With whom residing: \_\_\_\_\_

Age at marriage: \_\_\_\_\_

Present age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

Social Security No. \_\_\_\_\_

High school education: \_\_\_\_\_

College education: \_\_\_\_\_

Other skills/training-history of previous employment: \_\_\_\_\_

\_\_\_\_\_

### 2. SPOUSES PERSONAL INFORMATION

Spouse's name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Maiden or former name to be resumed: \_\_\_\_\_ Yes/No \_\_\_\_\_

Residence: \_\_\_\_\_

How long at present residence: \_\_\_\_\_

With whom residing: \_\_\_\_\_

Age at marriage: \_\_\_\_\_

Present age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Has spouse contacted an attorney: \_\_\_\_\_

Name, address and phone number of attorney: \_\_\_\_\_

\_\_\_\_\_

Does spouse know client is consulting with an attorney:      Yes      No

Social Security No. \_\_\_\_\_

High school education: \_\_\_\_\_

College education: \_\_\_\_\_

Other skills/training-history of previous employment: \_\_\_\_\_

\_\_\_\_\_

**3.      MARITAL INFORMATION**

Date of marriage: \_\_\_\_\_

Where married? \_\_\_\_\_

Marriage certificate available: \_\_\_\_\_ Yes/No \_\_\_\_\_

Date of present separation: \_\_\_\_\_

Address last lived together: \_\_\_\_\_

Any previous separations: \_\_\_\_\_ Yes/No \_\_\_\_\_

When: \_\_\_\_\_

For how long: \_\_\_\_\_

Details:

**4. INFORMATION REGARDING CHILDREN**

Names of Children	Age	Date of birth	Living with Whom	Natural Children

School children presently attending: \_\_\_\_\_

Any children who died after birth: \_\_\_\_\_

Any pregnancies interrupted for any reason: \_\_\_\_\_

Does client anticipate custody dispute: \_\_\_\_\_

Client's relationship with children: \_\_\_\_\_

Spouse's relationship with children: \_\_\_\_\_

How children will react to separation: \_\_\_\_\_

Parties communicating about children: \_\_\_\_\_

Medical history/problems of children: \_\_\_\_\_

\_\_\_\_\_

**5. PRIOR RELATIONSHIPS**

Number of prior marriages: HUSBAND \_\_\_\_\_ WIFE \_\_\_\_\_

How terminated: \_\_\_\_\_

When terminated: \_\_\_\_\_

Where terminated: \_\_\_\_\_

To whom married: \_\_\_\_\_

Former married name: \_\_\_\_\_

Age of any children: \_\_\_\_\_

With whom children residing: \_\_\_\_\_

Cash or other support received: \_\_\_\_\_

Cash or other support paid: \_\_\_\_\_

**6. MISCELLENEOUS INFORMATION**

Does husband have a criminal record: \_\_\_\_\_

Does wife have a criminal record: \_\_\_\_\_

Nature of any previous court actions: \_\_\_\_\_

\_\_\_\_\_

Parties represented by counsel: \_\_\_\_\_

How long age action filed: \_\_\_\_\_

Results: \_\_\_\_\_

\_\_\_\_\_

Are parties presently in good health: \_\_\_\_\_ Yes/No \_\_\_\_\_

Either party on any medication of any kind: \_\_\_\_\_ Yes/No \_\_\_\_\_

Any serious illnesses, operations, diseases for either: \_\_\_\_\_

\_\_\_\_\_

Any history of mental illness in parties, children, family: \_\_\_\_\_

\_\_\_\_\_

Describe suicide attempts by the parties: \_\_\_\_\_

\_\_\_\_\_

Are the parties covered by medical insurance: \_\_\_\_\_

What type of medical insurance: \_\_\_\_\_

Who pays the premiums: \_\_\_\_\_

What religion are the parties: \_\_\_\_\_

Did the parties ever attend any marriage or other counseling: \_\_\_\_\_

Professional capacity of counselor: \_\_\_\_\_

Name of counselor: \_\_\_\_\_

How many sessions and for how long: \_\_\_\_\_

Who attended: \_\_\_\_\_

Who suggested: \_\_\_\_\_

Is either or both presently attending: \_\_\_\_\_

Reason/Nature of counseling: \_\_\_\_\_

Dates attended/Period of time: \_\_\_\_\_

What counselor advised: \_\_\_\_\_

Husband's employer: \_\_\_\_\_

For how long: \_\_\_\_\_

How Secure is that employment: \_\_\_\_\_

Business address: \_\_\_\_\_

Nature of job: \_\_\_\_\_

Work hours-overtime: \_\_\_\_\_

Last year's gross income: \_\_\_\_\_

Pay period	Gross Wages:	_____
	Deductions:	_____
	FIT	_____
	State IT	_____
	City IT	_____
	SS (FICA)	_____
	Union Dues	_____
(1)	Total Deductions	_____
(2)	Other Deductions:	
	Bonds	_____
	Credit Union	_____
	Stocks	_____
	Insurance	_____
	Charity	_____
	Pension	_____
	Contributions	_____
	Other (Specify)	_____
(3)	Other Deductions:	_____
	Actual Net Earnings:	_____

Promotions/Raises: \_\_\_\_\_

Number of exemptions claimed on W4: \_\_\_\_\_

Pay stub available: \_\_\_\_\_

Dues (other than Union): \_\_\_\_\_

Bonuses, commissions, cost of living: \_\_\_\_\_

Retirement, pension, disability insurance: \_\_\_\_\_

Credit union, expense account: \_\_\_\_\_

Medical insurance: \_\_\_\_\_

Auto loan or other loan at work: \_\_\_\_\_

Company car, expense account: \_\_\_\_\_

Stocks, bonds: \_\_\_\_\_

Educational benefits: \_\_\_\_\_

Other benefits and/or deductions at work: \_\_\_\_\_

High school education: \_\_\_\_\_

College education: \_\_\_\_\_

Other skills/training-history of previous employment: \_\_\_\_\_

Wife's employer: \_\_\_\_\_

For how long: \_\_\_\_\_

Employment security: \_\_\_\_\_

Business address: \_\_\_\_\_

Nature of job: \_\_\_\_\_

Work hours-overtime: \_\_\_\_\_

Last year's gross income: \_\_\_\_\_

Pay Period Gross Wages:	_____
Deductions:	_____
FIT	_____
State IT	_____
City IT	_____
SS (FICA)	_____
Union Dues	_____
(1) Total Deductions	_____
(2) Other Deductions:	_____
Bonds	_____
Credit Union	_____
Stocks	_____
Insurance	_____
Charity	_____
Pension	_____
Contributions	_____
Other (Specify)	_____
(3) Other Deductions:	_____
Actual Net Earnings:	_____

Promotions/Raises: \_\_\_\_\_

Number of exemptions claimed: \_\_\_\_\_

Pay stub available: \_\_\_\_\_

Dues (other than Union): \_\_\_\_\_

Bonuses, commissions, cost of living: \_\_\_\_\_

Retirement, pension, disability insurance: \_\_\_\_\_

Credit union, expense account: \_\_\_\_\_

Medical insurance: \_\_\_\_\_

Auto loan or other loan at work: \_\_\_\_\_

Company car, expense account: \_\_\_\_\_

Stocks, bonds: \_\_\_\_\_

Educational benefits: \_\_\_\_\_

Other benefits and/or deductions at work: \_\_\_\_\_

Other income from any source: \_\_\_\_\_ Yes/No \_\_\_\_\_

Jobs, rental income: \_\_\_\_\_

Interests, dividends, trusts: \_\_\_\_\_

Social security, veterans: \_\_\_\_\_

Unemployment, welfare, etc.: \_\_\_\_\_

Disability or other income: \_\_\_\_\_

**6. TAX RETURNS**

Joint return filed on previous year: \_\_\_\_\_ Yes/No \_\_\_\_\_

Can a copy be obtained for us by client: \_\_\_\_\_ Yes/No \_\_\_\_\_

Name and address of accountant if any: \_\_\_\_\_

Amount of Refund: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Distribution of refund or payment: \_\_\_\_\_

Was all income claimed on returns: \_\_\_\_\_

Description of real estate: \_\_\_\_\_

Location: \_\_\_\_\_

When Purchased: \_\_\_\_\_

In whose name: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Amount of down payment: \_\_\_\_\_

Source of down payment: \_\_\_\_\_

Trace down payment: \_\_\_\_\_

Fair market value: \_\_\_\_\_

Amount of mortgages: \_\_\_\_\_

Equity: \_\_\_\_\_

First mortgages: \_\_\_\_\_

Second mortgages: \_\_\_\_\_

Who has possession/occupancy: \_\_\_\_\_

Ever borrowed against: \_\_\_\_\_ Yes/No \_\_\_\_\_

For whose benefit: \_\_\_\_\_

Location of Title Papers: \_\_\_\_\_

Bank accounts: (checking, savings, credit union, cert. of deposit, safe deposit box) \_\_\_\_\_

Address of branch: \_\_\_\_\_

In whose name: \_\_\_\_\_

Whose funds in account: \_\_\_\_\_

Type of account: \_\_\_\_\_

Balance of account: \_\_\_\_\_

Who holds passbook: \_\_\_\_\_

Book needed for withdrawals: \_\_\_\_\_

Automobiles: \_\_\_\_\_

Year and make: \_\_\_\_\_

In whose name: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Fair market value: \_\_\_\_\_

Who had possession: \_\_\_\_\_

Who holds liens: \_\_\_\_\_

Who insured and maintains: \_\_\_\_\_

Equity: \_\_\_\_\_

Life insurance companies: \_\_\_\_\_

Face values: \_\_\_\_\_

Type of insurance: \_\_\_\_\_

Insured: \_\_\_\_\_

Cash surrender value: \_\_\_\_\_

How long been paying: \_\_\_\_\_

Beneficiary and whether revokable: \_\_\_\_\_

Owner: \_\_\_\_\_

Who holds: \_\_\_\_\_

Amounts of outstanding loans: \_\_\_\_\_

Dates of loans: \_\_\_\_\_

Who pays premiums: \_\_\_\_\_

Other assets of any kind: \_\_\_\_\_ Yes/No \_\_\_\_\_

- 1. Stocks, bonds, stock options
- 2. Mutual funds, securities
- 3. Jewelry, antiques, valuable personal property
- 4. Trademarks, copyrights, patents, royalties
- 5. Boats, snowmobiles, etc.
- 6. Accounts receivables, notes
- 7. Business interests, credit union monies
- 8. Inheritances, judgments, pending suits
- 9. Household items.

Description:

In whose name: \_\_\_\_\_

Who acquired it: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Fair market value: \_\_\_\_\_

When purchased: \_\_\_\_\_

Equity: \_\_\_\_\_

Who has possession: \_\_\_\_\_

Ever borrowed against: \_\_\_\_\_

Contribution of parties to assets: \_\_\_\_\_

Any reason to believe spouse has undisclosed assets: \_\_\_\_\_

\_\_\_\_\_

Description of liabilities: \_\_\_\_\_

Nature of liabilities: \_\_\_\_\_

When debt was incurred: \_\_\_\_\_

In whose name: \_\_\_\_\_

Original amount owed: \_\_\_\_\_

Present balance: \_\_\_\_\_

Amount of periodic payments: \_\_\_\_\_

Who makes payments: \_\_\_\_\_

Detail credit card structure: \_\_\_\_\_

\_\_\_\_\_

Does spouse have authority to charge in client's name: \_\_\_\_\_

Who has possession of the above cards: \_\_\_\_\_

Should the creditors be notified: \_\_\_\_\_

Do you have a Will: \_\_\_\_\_ Yes/No \_\_\_\_\_

Does spouse have a Will: \_\_\_\_\_ Yes/No \_\_\_\_\_

Type of Will: \_\_\_\_\_ Simple/Trust \_\_\_\_\_

Executors: \_\_\_\_\_

Trustees: \_\_\_\_\_

Guardians: \_\_\_\_\_

Terms of Will: \_\_\_\_\_

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Location of Will: \_\_\_\_\_

Property owned by children: \_\_\_\_\_

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Trust Funds for children: \_\_\_\_\_