



PROSPECTIVE CLIENT FAMILY LAW QUESTIONNAIRE
*CONFIDENTIAL *FOR INTERNAL USE ONLY**

I. INFORMATION REGARDING THE CLIENT

Full Name: _____
(last), (second last), (first), (middle)

Other Names Used: _____
(maiden, religious, professional, nicknames)

Would you like to be restored to your maiden name?: Yes No

Gender: Male Female Prefer to self-describe: _____

Date of Birth: _____ Place of Birth: _____
(mm/dd/yy) (city), (state), (country)

Current Address: _____

Length of Time at Present Address: _____ Years and _____ Months

May we send mail to this address? Yes No

Telephone Number 1: _____ Telephone Number 2: _____

Do you have voicemail set up on your phone? Yes No

May we leave you detailed voicemails about your case? Yes No

Email address: _____ May we send you emails? Yes No

Social Security Number: _____

II. MARITAL INFORMATION

Circle your current marital status: **single; married; living together, but not married by law; widow(er); divorced; separated**

Were you married to the opposing party?: Yes No

If Yes please complete:

Date of Marriage: _____ Place of Marriage (State or Country): _____

County of Marriage Registration: _____

Date of Separation: _____

Are you an active member of the US Military's armed forces?

Are you or your spouse currently pregnant? Yes No

Are you currently employed in the U.S.? Yes No Where? _____

III. OPPOSING PARTY INFORMATION

Full Name: _____
(last), (second last), (first), (middle)

Other Names Used: _____
(maiden, religious, professional, nicknames)

Gender: Male Female Prefer to self-describe: _____

Date of Birth: _____ Place of Birth: _____
(mm/dd/yy) (city), (state), (country)

Current Address: _____

Length of Time at Present Address: _____ Years and _____ Months

Telephone Number 1: _____ Telephone Number 2: _____

Email address: _____

Social Security Number: _____

Is he/she currently employed in the U.S.? Yes No Where? _____

IV. CHILDREN:

| | Name (First, Last, Middle) | Date of Birth | City, State/Province, Country of Birth | Social Security Number | Sex (Male, Female) | Presently Resides With (Mother, Father, Both) |
|----|-------------------------------|------------------|--|---------------------------|-----------------------|--|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

V. CHILDREN NOT INVOLVED IN THIS SUIT: Please list all children born to you and/or your spouse/partner who are not the subject of this action.

| Full Name | Age | Biology (Mother or Father) | Primary Residence (with you, the opposing party, or neither) |
|------------------|------------|-----------------------------------|---|
| | | | |
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Important Information About Legal Representation

Completing this questionnaire and having a consultation with an attorney do not guarantee legal representation. The attorneys at Martinez Immigration Law do not represent you until you have had a consultation with an attorney, the attorney agrees to take your case, and you sign a contract that explains the legal services to be provided.

I, _____, attest that the information provided herein is true and correct, according to the best of my knowledge and understanding.

By signing, I acknowledge that I have read and understood the information in the box above.

Signature

Date