

CONFIDENTIAL CLIENT QUESTIONNAIRE

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1. Answer all questions completely. If you need more space, please continue your response on additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. If you and the other parent are not married, please provide information on the other parent under the section that begins with **Spouse's Information** on p. 3, and complete only the portions of this questionnaire application to your situation.

4. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Referred by _____ Date: _____

CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Telephone: _____ Work Telephone: _____

Cell: _____ Fax: _____

Please indicate which telephone number is preferred: _____

E-mail Address: _____

Driver's License Number: _____

How much equity do you have in your home? _____

What are your primary issues? Please check all applicable categories.

___ Alimony

___ Child Support

___ Visitation

___ Custody

___ Distribution of Assets/Debts

___ Pre-Marital Assets

___ Other

(Please specify): _____

Is this regarding a divorce? _____ **If not, what are your current issues?** _____

Dates of residency at current address: _____

Have you consulted with any attorney previously? _____

Employer's Name (if any): _____

Employer's Address: _____

Current Salary: _____

Employer's Telephone No.: _____

Date of Employment: _____ Occupation: _____

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Highest level of education completed: _____

Describe any other education received such as Post-high school training/education including the name of the school or college: _____

Describe plans you have to enroll in school or complete your education, if any: _____

How did you hear about our office? _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) _____

What are your expectations of this law firm if you choose to retain the firm?

SPOUSE'S INFORMATION: (By this section we are asking you to give us information on the person you are in dispute with).

Please circle: Spouse Ex-Spouse Other Parent (i.e. Father of Child)

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Tel: _____ Work Tel: _____ Cell: _____

Fax: _____

E-mail Address: _____

Driver's License Number: _____

Is spouse/other party represented by counsel in this matter? _____ Yes _____ No

If yes, please complete the following:

Spouse's Attorney: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Facsimile Number: _____

Employer's Name (if any): _____

Employer's Address: _____

Job Title: _____ Nature of Job: _____

Date of Employment: _____ Occupation: _____

Salary: \$ _____ weekly/biweekly/twice a month/monthly/annual (circle one)

List other jobs held by spouse/ex during the course of this marriage (while raising your children) Indicate employer and annual salary:

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Highest level of education completed: _____

Describe any other education received such as Post-high school training/education including the name of the school or college: _____

Describe any plans your spouse may have to enroll in school or complete his/her education: _____

GENERAL MARITAL HISTORY: (complete this section only if applicable)

Are you currently married? _____

Date of Marriage: _____

Place of Marriage: _____

Are you and your spouse currently living together? ___ Yes ___ No

If not, then Date of Separation: _____

Do you have an interest in reconciliation? ___ Yes ___ No

To the best of your knowledge, does your spouse want reconciliation? ___ Yes ___ No

Describe the circumstances that caused your separation:

If a suit for divorce has been previously filed by either spouse as to this marriage, please provide the date such was filed, the name of the primary attorney involved, the name or location of the court, and the reason the divorce was not finalized:

CHILDREN'S INFORMATION (from this marriage/union):

Please fill the below information for the past 5 years of the child(ren) residence, months and years that the child(ren) resided at the said address, names of individuals that the child(ren) resided with and the relationship of these people with the child(ren).

Name(s)	SS No.:	Place of Birth:	Address where child resides	Months and years the child resided at the address	Names and Relationship of people the child resided with	Sex
						M / F
						M / F
						M / F
						M / F
						M / F
						M / F

Is the wife currently pregnant? No Yes; date child is due: _____