

The Divorce Center, P.A.
Phone: 800-469-3486
Fax: 866-791-3494

CLIENT QUESTIONNAIRE

Date: _____

A. CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

How long have you lived in Florida? _____

Female clients only: Do you wish to have your maiden name restored? Yes No

If yes to above, list your desired first, middle, and last name: _____

B. SPOUSE'S INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Is spouse represented by an attorney? Yes No

If yes to above, list the attorney's name and county if you know it: _____

C. MARITAL INFORMATION:

Date of Marriage: _____

Place of Marriage: _____

Are you and your spouse currently living together? Yes No

If No, then Date of Separation: _____

D. OTHER PENDING OR PAST CASES

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependency or guardianship, concerning custody or visitation of any child subject to this proceeding? Yes No

If Yes, please describe: _____

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding Yes No

If Yes, please describe: _____

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? Yes No

If Yes, please describe: _____

D. List all children from this marriage:

Name:	SS#	Place of Birth:	Date of Birth:	Sex:
				<input type="checkbox"/> M / <input type="checkbox"/> F
				<input type="checkbox"/> M / <input type="checkbox"/> F
				<input type="checkbox"/> M / <input type="checkbox"/> F
				<input type="checkbox"/> M / <input type="checkbox"/> F
				<input type="checkbox"/> M / <input type="checkbox"/> F
				<input type="checkbox"/> M / <input type="checkbox"/> F

Is the wife currently pregnant? No Yes

If Yes, list the date the child is due: _____

List Residence & dates for EACH CHILD for the past 5 years (Omit residences 3 months or less):

Child # 1

Child's Name: _____

Name of Adult(s) at residence	Complete Address:	Dates Resided with:

Child # 2

Child's Name: _____

Name of Adult(s) at residence	Complete Address:	Dates Resided with:

Child # 3

Child's Name: _____

Name of Adult(s) at residence	Complete Address:	Dates Resided with:

Child # 4

Child's Name: _____

Name of Adult(s) at residence	Complete Address:	Dates Resided with:

Child # 5

Child's Name: _____

Name of Adult(s) at residence	Complete Address:	Dates Resided with: