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## POTENTIAL CLIENT QUESTIONNAIRE

Date:			
May we text you about your case?			
Mailing Address (if different from residential)			
Street Address			
Suite No., Apt, etc.			
City / State / Zip			
Injunction Modification Prenuptial Agreement Postnuptial Agreement Limited Scope of Representation Other:			

Other Party					
Name	Str	Street Address			
Phone Number	Sui	Suite No., Apt, etc.			
Email Address	City	City / State / Zip			
Are they represented by an attorney?	If s	If so, who?			
Marital Facts and Data					
Date of Marriage:	Pla	Place of Marriage:			
Date of Separation:					
Are you residing together?					
Are you interested in reconciliation?					
Is your spouse interested in reconciliation?					
Is there a Pre/Post-Nuptial Agreement?					
Children					
How many children do you share with Other	Party?				
Please list the <b>full legal name</b> , <b>gender</b> , <b>date o</b> children:	<b>f birth</b> , and <b>s</b> o	ocial security numbe	r for all of your minor		
<u>Full Legal Name</u>	<u>Gender</u>	Date of Birth	<u>SSN</u>		

## Statistical Data

<u>Client</u>	Other Party		
Occupation:	Occupation:		
Employer:	Employer:		
Income:	Income:		
Date of Birth:	Date of Birth:		
SSN:	SSN:		

## **Assets and Liabilities**

Please detail any significant assets and liabilities that are owned by you or your spouse including estimated value, title owner, and date acquired (before or after marriage).

Asset/Liability	Estimated Value	<u>Title Owner</u>	Date Acquired
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