



Divorce/Family Law Client Questionnaire

The purpose of an initial consultation with **Henry-Taylor Law, PC** (“Us, We, Our”) is for Us to advise you, the *prospective* client what, if anything, may be done for you, and what the minimum fee therefore will be. *The purpose is not to render a definitive legal opinion* as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation.

One of three outcomes is possible following your consultation:

- A. You desire to have Us represent you and We desire to represent you;**
- B. We decline representation; or**
- C. You decide not to use Our services.**

It is important to note that even if, after the initial consultation, you desire to have Us represent You and We desire to represent You, Our actual representation of you does not begin until both parties have signed the Engagement Letter, a separate document which sets forth the specific terms and conditions of Our representation.

Note: The following questions will help Us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

IMPORTANCE OF MAINTAINING CURRENT CONTACT INFORMATION

While it is impossible to predict the course of a representation, it may be important for Us to contact you immediately, or upon short notice, to confer with you regarding the status of your case. An inability to do so may result in your case being prejudiced and detrimentally affect the outcome of the case. Accordingly, you agree to keep Our office informed of your current address, telephone number and whereabouts. If you leave town, for example, to travel on business or vacation, please notify Our office before leaving of the expected duration of the trip and how We may contact you while you are away.

EMAIL COMMUNICATION

Many attorney-client communications via email involve relatively innocuous information and do not present a great concern even if they are received or read by someone other than you. On the other hand, any communication from an attorney that can be accessed by others may be of concern in some situations. Please think carefully about your email process. Do individuals who are not parties to this matter have access to your email? For example, if emailing from home or a smartphone, does someone else have access to the computer/smartphone from which you send/receive your email or to your email account? Is your email account password-protected? If emailing from work, does your employer reserve the right to view all email traffic on its servers? Most do. Note that any unprotected access to email communications between you and Our attorneys may raise issues of whether the attorney-client privilege was waived, and if so, the communication may be available for review and use by the adverse party.

Anytime you communicate via email with one of Our attorneys, include only the attorney in the communication. DO NOT “cc” or “bcc” other parties to the action, adverse counsel, judges, family, friends, relatives, or ANYONE else.

USE OF SOCIAL MEDIA (e.g., Facebook, Twitter, Blog)

Information currently on your social media site may potentially have an impact on your case, either positively or negatively. Information you place on your social media site in the future may also potentially affect your case. Generally, it is NOT advisable to discuss your case, including but not limited to the merits or details, the opposing party, counsel, the judge, witnesses, and the like, in any open forum. NEVER discuss with ANYONE, or disclose in any manner, discussions We have with you regarding your case, whether on a social media site or in any setting. Please review your social media sites promptly. If you have any questions regarding how a prior entry or posting may potentially affect your case, please feel free to discuss the issue with Us as soon as possible.

Date: _____

Client Name: _____

Next Court Hearing _____

About You:

1. Please give your full name, date and place of birth, and your ethnicity:

Full Name: _____

Maiden Name (if any): _____

Birth Year: _____

City, State and County of Birth: _____

Your race or ethnicity: _____

2. Where are you living now, and what is your phone number?

Address: _____

City: _____

County: _____

Mailing address if different: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

E-mail: _____

Social Media addresses: _____

3. Is there another person who can reach you if necessary?

Name of contact person: _____

Your relationship to that person: _____

Phone Number: _____

Address: _____

4. At what address do you wish to receive mail from this office?

5. Which phone number do you prefer we use to contact you?

6. Who referred you to this office?

7. Have you consulted or retained any other attorneys on this matter before coming to this office?

If so, please state who and when: _____

8. Employment:

Employer: _____
Job Title: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
May we call you at work? _____
Unemployment or Disability _____
Gross salary per month/per hour or annually: _____
Length of employment: _____
Level of Education: _____

9. Were you ever in the military? _____
If so, which branch? _____
Length of service: _____
Is your service complete? _____

About the Opposing Party (Your spouse, ex-spouse, or other parent of the child):

10. Please list the opposing party's full name, date and place of birth, and ethnicity:

Full Name: _____
Maiden Name (if any): _____
Birth Year: _____
City, State and County of Birth: _____
Race or Ethnicity: _____

11. Where is the opposing party living now, and what is his/her phone number?

Address: _____
City: _____
County: _____
Mailing address if different: _____

Home Phone: _____
Work Phone: _____
Mobile Phone: _____
E-mail: _____

12. Opposing party's employment:

Employer: _____
Job Title: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
Gross salary per month/per hour or annually: _____
Length of employment: _____
Level of Education: _____

13. Was the opposing party ever in the military? _____

If so, which branch? _____
Length of service: _____
Is his/her service complete? _____

About the Children:

14. Please list the full name, date and place of birth, sex, and place of employment:

Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____
Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____
Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____
Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____

15. Do you plan to seek primary custody of the child(ren)? _____

16. Do you expect the other parent to seek primary custody of the child(ren)?

17. Do you expect any third party to seek custody or visitation in regard to these children? If so, please list the full name, address, phone number, relationship of that person(s) to the children and the length of time the children have lived with the third party:

Full Name: _____
Maiden Name (if any): _____
Birth Year: _____
City, State and County of Birth: _____
Relationship to the child: _____
Length of time the child has lived with this person: _____

18. Where and with whom are the children living now? _____

19. How are the children currently covered on medical insurance? _____

20. What is the monthly cost of the children's portion of the health insurance? _____

21. Are there any children born during the marriage who are not the children of you or your spouse? If so, please list the following information:

Name: _____

Sex (M/F?): _____

Date of Birth: _____

Place of Birth: (include city, state and county): _____

Place of Employment: _____

Address of Employment: _____

Phone Number of Employment: _____

Name of biological parents of the child: _____

Name of the parents listed on the child's birth certificate: _____

Has there ever been a court action regarding this child? _____

If so, please list the Cause Number: _____

Court Number: _____

City, State and County of Prior Order: _____

Date of last court order: _____

Title of last court order: _____

Was there a prior attorney involved? _____

Name of your attorney: _____

Name of the other attorney's involved in the case: _____

Has there ever been biological parentage testing regarding this child? _____

If so, what were the results? _____

About your marriage and separation:

22. Please give the date and place of your marriage:

Date: _____

Place (include city, state and county): _____

23. Date of separation: _____

24. Have you seen a marriage counselor: _____

If so, please state name, and dates of counseling: _____

25. What is your religious preference? _____

26. What is your spouse's religious preference? _____

27. Check as appropriate if your marital difficulties involve any of the following:

_____ drugs/alcohol _____ sexual disappointment _____ infidelity
_____ financial dispute _____ physical violence _____ religion
_____ incompatibility _____ other: _____

28. How long have you lived in Pennsylvania? _____

29. How long have you lived in the county? _____

30. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

Did you have an attorney? _____

If so, who? _____

Did your spouse or ex-spouse have an attorney? _____

If so, who? _____

Is the divorce still pending in court? _____

31. Have you ever been married before? _____

If so, how many times? _____

32. Do you or the opposing party have any other children for whom a duty of support is owed?

33. If so, please give the full name, date and place of birth, sex, and social security number of each such child:

Name: _____

Sex (M/F?): _____

Date of Birth: _____

Place of Birth: (include city, state and county): _____

Name of parents: _____

34. Where and with whom do these children live?

34. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

35. Does the opposing party pay/receive child support?

If so, how much? \$ _____ per _____

36. If a divorce is granted, should the wife's maiden name be restored? _____

If so, what name should be used? _____

“Skeletons in the Closet” and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE DISASTROUS TO YOUR CASE. If an answer to one of the questions below is “yes,” please describe the situation in detail. Will anyone allege that you or the opposing party has done any of the following:

You The Opposing Party

1. Committed a crime? _____
2. Been arrested? _____
3. Been in jail or prison? _____
4. Used illegal drugs? _____
5. Been hospitalized for using illegal drugs? _____
6. Abused prescription drugs? _____
7. Been hospitalized for abusing prescription drugs? _____
8. Abused alcohol? _____
9. Been hospitalized for abusing alcohol? _____
10. Been arrested for or convicted of driving while under the influence of alcohol or drugs? _____
11. Engaged in gambling activities? _____
(legal or illegal?)
12. Engaged in other illegal activities? _____
13. Attempted suicide? _____
14. Been hospitalized for an emotional or psychiatric disorder? _____
15. Suffered from or received treatment for an emotional or psychiatric condition? _____
16. Abused the other party? _____
17. Been accused of child abuse? _____
18. Had a sexual relationship during the marriage with someone other than spouse? _____
19. Had a sexual relationship (during or not during the marriage) with someone other than spouse of which the children were aware? _____

If so, describe the children’s reaction to the relationship and the children’s feelings about the person(s) involved in the relationship:

20. Had a homosexual/bisexual relationship? _____
21. Engaged in unusual sexual practices? _____
22. Had a pregnancy outside of marriage? _____
23. Had a sexually transmitted disease? _____
24. Other? _____

25. If you or the opposing party has a relationship with a person whom the children see frequently and that person would answer “yes” to one or more of the preceding “skeleton-in-the-closet” questions, describe the situation:

26. Do you or the opposing party suffer from any physical disability that would interfere with being able to care for the children?

27. Have you or the opposing party made any photographs or audio or visual records of the other party? _____

If so, please describe the content:

LIABILITIES OF THE PARTIES

(Plaintiff) (Defendant) lists all liabilities of either or both spouses alone or with any person as of the date this action was commenced:

ITEM NUMBER			
DESCRIPTION OF LIABILITY			

NAMES OF ALL CREDITORS			
NAMES OF ALL DEBTORS			

ASSETS OF THE PARTIES

(Plaintiff) (Defendant) mark on the list below, those items applicable to the case at bar and itemizes the assets on the following pages. If an item has been appraised, a copy of the appraisal report is attached.

- 1. Real property
- 2. Motor vehicles
- 3. Stock, bonds, securities and options
- 4. Certificates of deposit
- 5. Checking accounts, cash
- 6. Savings accounts, money market and savings certificates
- 7. Contents of Safe Deposit boxes
- 8. Trusts
- 9. Life insurance policies (indicate face values, cash surrender value, and current certification)
- 10. Annuities
- 11. Gifts
- 12. Inheritances
- 13. Patents, copyrights, inventions, royalties
- 14. Personal property outside the home
- 15. Business (list all owners, including percentage (%) of ownership, and officer/director positions held by a party with the company)

- () 16. Employment termination benefits; severance pay, Workman's Compensation (claim/award)
- () 17. Profit Sharing plans
- () 18. Pension plans (indicate employee contribution and date plan vests)
- () 19. Retirement Plans, Individual Retirement Accounts
- () 20. Disability Payments
- () 21. Litigation claims (matured and unmatured)
- () 22. Military/V.A. benefits
- () 23. Education benefits
- () 24. Debts due others, including loans, mortgages held
- () 25. Household Furnishings and Personality (Includes as a Total Category and attach an itemized list if distribution of such assets is in dispute)
- () 26. Other

NON-MARITAL PROPERTY

(Plaintiff) (Defendant) lists all property in which a spouse has a legal or equitable interest which is claimed to be excluded from marital property:

ITEM NUMBER			
DESCRIPTION OF PROPERTY			
NAMES OF ALL OWNERS			

BASIS FOR EXCLUSION FROM MARITAL			
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PROPERTY TRANSFERRED

(Plaintiff) (Defendant) lists all property in which either or both spouses has a legal or equitable interest, individually or with any other person, and which has been transferred within the preceding three (3) years:

ITEM NUMBER			
DESCRIPTION OF PROPERTY			
DATE OF TRANSFER			
CONSIDERATION			

TRANSFeree			
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MARITAL PROPERTY

(Plaintiff) (Defendant) lists all property in which either, or both spouses have a legal or equitable interest, individually, or with any other person as of the date this action was commenced:

ITEM NUMBER			
DESCRIPTION OF PROPERTY			
NAMES OF ALL OWNERS			

*****DO NOT COMPLETE-OFFICE USE ONLY*****

Fee Agreement:
Hourly Rate:
Estimated Expenses:
Retainer Received:
Case Accepted/Rejected:
Referral Source:

NOTES: