

**DISSOLUTION OF MARRIAGE**  
**CLIENT QUESTIONNAIRE**

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
2. If a particular question does not apply, enter "n/a".
3. **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.

Date: \_\_\_\_\_

**A. CLIENT INFORMATION:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you resided in FL: \_\_\_\_\_

**\*May we send mail to the above address?** \_\_\_\_\_

If not, please list mailing address below:

Address: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ DOB: \_\_\_\_\_

DL#: \_\_\_\_\_

State issuing DL: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name and address of nearest relative not living with you: \_\_\_\_\_

Address	City	State	Zip
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Phone	E-mail address
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Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's phone: \_\_\_\_\_

Are you currently active duty military or active duty military reserve? \_\_\_\_\_

Branch: \_\_\_\_\_ Anticipated date of retirement or termination: \_\_\_\_\_

Is your gross salary per year more than \$50,000? \_\_\_\_\_

Have you ever filed for bankruptcy? If so, where? \_\_\_\_\_

Date filed? \_\_\_\_\_ Discharge date? \_\_\_\_\_ Chapter 7, 11, 12, 13? \_\_\_\_\_

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.)

Atty Name: \_\_\_\_\_

Date Retained: \_\_\_\_\_

Reason to Discontinue Service: \_\_\_\_\_

**B. SPOUSE'S INFORMATION:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is spouse represented by counsel in this matter? \_\_\_ Yes \_\_\_ No

If yes, complete the following:

Spouse's Attorney: \_\_\_\_\_

Employer's Name (if any): \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse's physical description for purpose of having process served (if applicable):

Ethnicity: \_\_\_\_\_

Hair color & style: \_\_\_\_\_

Glasses, facial hair, tattoos, etc.? \_\_\_\_\_

Ht: \_\_\_\_\_

Wt: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Where would you like your spouse served (if applicable) \_\_\_\_\_

Days/Times spouse would be available at the above location: \_\_\_\_\_

**C. MARITAL INFORMATION:**

Date of Marriage: \_\_\_\_\_

City & State of Marriage: \_\_\_\_\_

Are you and your spouse currently living together? \_\_\_ Yes \_\_\_ No

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

Does the Wife wish to return to her former name? \_\_\_ Yes \_\_\_ No

Wife's former name is: \_\_\_\_\_

**Please list addresses of all real property:**

1.)

Address: \_\_\_\_\_

Homestead or Investment (please circle)

Mortgage Company \_\_\_\_\_ How much is owed? \_\_\_\_\_

Address: \_\_\_\_\_

Approximate Market Value: \_\_\_\_\_

Who is on the Deed? \_\_\_\_\_

2.)

Address: \_\_\_\_\_

Homestead or Investment (please circle)

Mortgage Company \_\_\_\_\_ How much is owed? \_\_\_\_\_

Address: \_\_\_\_\_

Approximate Market Value: \_\_\_\_\_

Who is on the Deed? \_\_\_\_\_

3.)

Address: \_\_\_\_\_

Homestead or Investment (please circle)

Mortgage Company: \_\_\_\_\_ How much is owed? \_\_\_\_\_

Address: \_\_\_\_\_

Approximate Market Value: \_\_\_\_\_

Who is on the Deed? \_\_\_\_\_

**Please list all vehicles:**

Vehicle #1

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Who is the primary driver? \_\_\_\_\_

Vehicle #2

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Who is the primary driver? \_\_\_\_\_

Vehicle #3

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Who is the primary driver? \_\_\_\_\_