
Your Name

Date of Appointment

Referred by

QUESTIONNAIRE

CONFIDENTIAL

**PLEASE READ THESE
INSTRUCTIONS CAREFULLY**

The following information is for the sole use of your attorney. All answers that you give will be held STRICTLY CONFIDENTIAL, and will not be released to any unauthorized person.

Answer each question fully and accurately. Success in your case depends upon mutual confidence and complete cooperation between client and attorney. We cannot stress too strongly the importance of answering every question fully, even though it may be embarrassing, or you do not think it is important.

Even if you do not understand why a question has anything to do with your particular circumstance, please answer the question and we will be happy to discuss its bearing.

GENERAL INFORMATION

Your full name:

First, Middle, Last

Your preferred name, if any:

Your address:

Street

City, State, Zip

Indiana County: _____

Your home phone number:

Your cell phone number:

Your business phone number:

Your date and place of birth:

Date

City, State

Your Social Security Number:

Your e-mail address:

Full name of the other party:

First, Middle, Last

Other party's address:

Street

City, State, Zip

Indiana County: _____

Other party's home phone number:

Other party's cell phone number:

Other party's business phone number:

Other party's date and place of birth:

Date

City, State

Other party's Social Security Number:

Other party's e-mail address:

Other party's physical attributes:

Height____ Weight____ Hair Color____

Race____ Distinguishing Marks_____

(i.e. tattoos, birthmarks, etc.)

Children of yours subject to this cause of action: (Please give all requested information)

Full Name

Date Born

City, ST born:

Gender:

SSN:

School/Occupation

Resides with:

Children of yours NOT subject to this cause of action: (Please give all requested information)

Full Name Date Born City, ST born: Gender: SSN: School/Occupation Resides with:

Are any of your children disabled? No Yes

If yes, please explain: _____

Has the other party retained an attorney to represent them in this case? No Yes

If yes, please provide the attorney's name(s): _____

Are there currently any pending civil, family, or criminal cases/lawsuits involving you or your spouse? No Yes

If yes, please provide the following information:

Name of Case: _____

Cause Number: _____

Where filed: _____

Have you ever been convicted of a criminal offense? (Other than minor traffic violations): No Yes

If yes, please provide the following information:

Date: _____ Place: _____

Charges: _____ Result: _____

Your length of residency in this state: _____ **Length of residency in this county:** _____

Are you a member of a church? No Yes **Denomination?** _____

What religion are your children being raised, if any? _____

EMPLOYMENT INFORMATION

Your employer: _____

Employer's address: _____

Your occupation: _____

Start date: _____

Gross earnings: \$ _____ per _____ Net earnings: \$ _____ per _____

Other party's employer: _____

Employer's address: _____

Other party's occupation: _____

Start date: _____

Gross earnings: \$ _____ per _____ Net earnings: \$ _____ per _____