



CLIENT INFORMATION

Date of Appointment: _____

First Name Middle Name Last Name

Street Address City State Zip Code County Contact Telephone Number

Other Telephone Number Date of Birth Social Security Number Driver's License Number

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Employer Work Telephone/ Extension

Employer Street Address City State Zip Code

Authorized Alternate Contact Telephone Number Relationship

Please list email address only if we may contact you by email How did you hear of our

firm? **DO NOT INCLUDE COMPANY EMAIL**

If you have the HYATT legal plan, list your Case ID# _____

By my signature below, I acknowledged that an attorney client relationship has not been created until I have signed a fee agreement and paid the advanced fee in full as set forth in the fee agreement.

Date:

Client

FAMILY LAW QUESTIONNAIRE

PLEASE PRINT ANSWER OR SELECT YES OR NO OPTION

YOUR INFORMATION

Your Full Name: _____
First Middle Last

Current Address: _____

Mailing Address: _____
(if different than above) _____

Current Phone Numbers: Home (_____) Work (_____)
Cell (_____) Other (_____)

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Driver's License Number: _____

Driver's License State: _____

OPPOSING PARTY INFORMATION

Their Name: _____
First Middle Last

Current Address: _____

Mailing Address: _____
(if different than above) _____

Current Phone Numbers: Home (_____) Work (_____)
Cell (_____) Other (_____)

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Driver's License Number: _____

Driver's License State: _____

FOR DISSOLUTION OF MARRIAGE/POST-DISSOLUTION MATTERS

Date of Marriage: _____ - _____ - _____

Place of Marriage: _____

Date of Physical Separation (date last living together): _____ - _____ - _____

How many times did you and your spouse separate throughout marriage? _____

Is there prenuptial or antenuptial agreement? YES NO

Did you live together prior to the marriage and if so for how long? _____

Have you lived in your county for the last three (3) months: YES NO

Have you lived in Indiana for the last six (6) months? YES NO

Is either party pregnant? YES NO

If YES, when is the child due and who is the other Parent/Father?

Due Date _____ - _____ - _____ Father/Parent: _____

Have you or your spouse filed for divorce before during this marriage? YES NO

Date filed: _____ - _____ - _____ Cause Number: _____

County and State filed in: _____

Name and address of attorney: _____

Are you currently employed? YES NO

Name and address of employer: _____

Employer phone number: (_____) _____

Position: _____ Salary/hourly rate: _____

Hours worked: _____

Is your spouse employed? YES NO

Name and address of employer: _____

Employer phone number: (_____) _____

Position: _____ Salary/hourly rate: _____

Hours worked: _____

Do you or your spouse have any physical and/or mental illnesses which would prevent either of you from working? YES NO
If YES, please explain.

Does your child(ren) have extraordinary healthcare or educational costs? YES NO
If YES, please explain.

Do you pay for work related child care? YES NO
If YES, who do you pay and how much do you pay on a weekly basis?

Is this a year-round expense? YES NO

Does the child have health insurance? YES NO
If YES, please state who pays for it, how much is paid weekly, and the name of the insurance company.

Does your spouse have minor children for which he or she is ordered to pay child support for? YES NO
If YES, please state the child's name, the name of the other parent, and how much is paid weekly.

Do you need a Temporary Restraining Order to keep your spouse from?

Abusing/harassing you? YES NO

Coming to your work/home? YES NO

Selling/transferring/hiding property? YES NO

If YES to any of the above, please explain your reasoning.

Do you need an Order from Court confiscating your spouse's firearms? YES NO
Describe the type(s) of firearms/weapons and their current location.

If WIFE, do you want to have your maiden name restored? YES NO

Maiden Name: _____

Spouse description:

Height: _____ Eye Color: _____

Weight: _____ Hair Color: _____

Race: _____

Balding: YES NO

Mustache: YES NO

Beard: YES NO

Glasses/contacts: YES NO

Car Spouse drives: _____

Distinguishing marks/characteristics (such as scars/tattoos): _____

How many children were born during the marriage? _____

How many of the children currently live with you? _____

For each child, please provide:

Child's Full Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For each child born outside of marriage, please provide:

Child's Full Name	Father's Name	Paternity Established?
_____	_____	_____
_____	_____	_____

Present address for each child born outside of marriage:

Childs Name _____

Childs Name _____

Do you want custody of your child(ren)? YES NO
 If NO, please explain.

Do you want to share joint custody of child(ren)with the other party? YES NO
 If NO, please explain.

Do you think the other party should have visitation with the child(ren)? YES NO
 If NO, please explain.

Have you ever been to court over custody of this child(ren)? YES NO
 If yes, please list the court, date you last went to court, and cause number.

Is there a court or child services case ongoing in Indiana or another state YES
 NO

Regarding this child(ren)?
 If YES, please list the state, case number, court or child services agency involved, and parties involved.

FOR PATERNITY MATTERS

For each child, please provide:

Child's Full Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want custody of your child(ren)? YES NO
If NO, please explain.

Do you want to share joint custody of child(ren) with the other party? YES NO
If NO, please explain.

Do you think the other party should have visitation with the child(ren)? YES NO
If NO, please explain.

Have you ever been to court over custody of this child(ren)? YES NO
If yes, please list the court, date you last went to court, and cause number.

Is there a court or child services case ongoing in Indiana or another state YES
NO

Regarding this child(ren)?
If YES, please list the state, case number, court or child services agency involved, and parties involved.

Was either party married at the time the child was conceived or born? If so, to whom where they married. _____

Are you currently employed? YES NO

Name and address of employer: _____

Employer phone number: () _____

Position: _____ Salary/hourly rate: _____

Hours worked: _____

Is the other party employed? YES NO

Name and address of employer: _____

Employer phone number: () _____

Position: _____ Salary/hourly rate: _____

Hours worked: _____

Does any person besides you and other party have custody or visitation with this child(ren)? YES NO

If YES, please list who has custody or visitation rights and relationship to this child(ren).

Does your child(ren) have extraordinary healthcare or educational costs? YES NO

If YES, please explain.

Do you pay for work related child care? YES NO

If YES, who do you pay and how much do you pay on a weekly basis?

Is this a year-round expense? YES NO

Does the child have health insurance? YES NO

If YES, please state who pays for it, how much is paid weekly, and the name of the insurance company.

Does the other party have minor children for which he or she is ordered to pay child support for? YES NO

If YES, please state the child's name, the name of the other parent, and how much is paid weekly.

Do you need a Temporary Restraining Order to keep the other party from:

Abusing/harassing you? YES NO

Coming to your work/home? YES NO

VERIFICATION AND AGREEMENT

I affirm, subject to the penalties for perjury, that the above information is true. I agree to inform Glover DeWeese LLC in writing, immediately of any change in this information (including property and existing debts between the time I sign this verification and the date my case is finished.

Date: _____

Signature

Printed name