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CONFIDENTIAL DIVORCE/ DISSOLUTION QUESTIONNAIRE

It is important to complete this questionnaire as fully and accurately as possible. This form is designed to provide important information that will be used to determine what may be important issues to discuss at our first meeting. A complete and accurate form will result in a more productive first meeting.

1. **Where you referred?** Yes_____ No_____ If yes, by whom? _____

2. **Information about you and YOUR SPOUSE**

	YOU	YOUR SPOUSE
Name		
Former married/legal name		
Social Security Number		
Drivers License#		
Date of Birth/Age		
Highest level of education		

3. **Marriage Data:**

4. **For Post Decree Matters Only**

Date of Marriage		Date of divorce/ dissolution (attach copies)	
State of Marriage		State/County	
County of Marriage		Judge/Case	
Date of Separation			

5. Address and phone number information

	YOU	YOUR SPOUSE
Home Address		
City, State, Zip		
County		
Length at Residence		
Home Phone		
Work Phone		
Cell Phone		
Confidential e-mail		
*Mailing Address		
City, State, Zip		

6. Employment and Income Information. Please attach a current pay stub and your last two (2) years income tax returns.

	YOU	YOUR SPOUSE
Current Employer		
Employer Address		
City, State, Zip		
Time with current employer		
Gross Annual Salary		
How Paid (weekly, biweekly, etc)		
Job Title		

7. Military Questions

	YOU	YOUR SPOUSE
Are you or YOUR SPOUSE currently in the U.S. Armed Forces		
If so, what branch?		
Do you or YOUR SPOUSE have any vested military retirement (explain)		
Do you or YOUR SPOUSE have any unvested military retirement (explain)		

8. Do you have children of the marriage? Yes _____ No _____ If so, please fill in

Full Name	Birthdate	Age	Gender

Other Children

Child's Name	DOB/Age	Gender	Does this child live with you?	Do you pay support for this child?

9. Support:

	Yes	No	Amount/Description
Are you paying support?	_____	_____	_____
Are you receiving support?	_____	_____	_____
Anyone receiving any form of public Assistance/disability	_____	_____	_____

10. Health of Parties or Children: Is there anything special I should know about, is so, please explain:

	YOU	YOUR SPOUSE
Are there any mental or physical Health issues (i.e. emotion problems, drinking, drugs, sex addictions)		
Are there any special health needs		

11. Description and service information of YOUR SPOUSE:

Height	
Weight	
Eye Color	
Hair Color	
Facial Hair	
Glasses	
Marks, tattoos	
Other Identifying Information	
Best place to serve	

12. Custody & Parenting Time

Who currently has physical custody of the children?

**What type of parenting arrangement are you seeking?
(i.e. shared parenting, full custody, residential parent)**

Are there any restraining orders or other type of custody order current in effect or pending (Explain)

Do you expect YOUR SPOUSE to contest your custody position?

Do you expect YOUR SPOUSE to contest your proposed parenting time (visitation) schedule?

Have any counselors, psychologists or psychiatrists seen the children? If so, please explain

Are there any special educational needs or problems regarding the children? If so, please explain

13. Violence and Abuse:

Do you or YOUR SPOUSE own any weapons? _____

Do you or YOUR SPOUSE carry any concealed weapons? _____

Has there been any violence or physical abuse in this Relationship by or to you? (Explain) _____

Have there been any threats of violence? _____

14. Do you want to keep your married name? Yes _____ No _____

If not, what name do you wish restored? _____

15. List the 5 most important things, in order of priority, that you want to achieve by this legal action.

1. _____

2. _____

3. _____

4. _____

5. _____

I UNDERSTAND THAT COMPLETING THIS CLIENT INTAKE FORM DOES NOT CONSTITUTE LEGAL REPRESENTATION UNTIL I HAVE SIGNED A FEE AGREEMENT AND PAID THE REQUIRED RETAINER.

Date

Signature