



## **INTAKE QUESTIONNAIRE**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_

Maiden/Previous Name (if applicable): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Years at this address: \_\_\_\_\_  
☐ **OK** to send mail to my HOME ADDRESS  
☐ **DO NOT** send mail to my HOME ADDRESS

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

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

Work Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

Are there any restrictions on contacting you by Telephone? ☐ No. ☐ Yes.

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
(Initial) *I understand that communication via the internet, including e-mail, may be intercepted. If at any time I do not wish Lake Munro to communicate with me via e-mail or other electronic means, I will notify Lake Munro in writing.*

\_\_\_\_\_  
(Initial) *I understand that attorney-client privilege protects all communication between the attorney and client from being discovered by any third party. By sharing the content of these communications, particularly by sharing or forwarding email communications to outside parties, this attorney-client privilege will be lost. Therefore, I understand that I should not include any third party on any attorney-client email communications, and I should not forward an attorney-client email communication to any third party.*

\_\_\_\_\_  
(Initial) *Lake Munro may SEND ME E-MAIL.*

## **How Did You Hear About Us?**

☐ Referred by: \_\_\_\_\_ ☐ Internet/Website: \_\_\_\_\_

☐ Other: \_\_\_\_\_

ST. LOUIS COUNTY:  
1650 DES PERES ROAD, STE. 220  
ST. LOUIS, MO 63131  
(314) 863-0077

ST. CHARLES COUNTY:  
6 WESTBURY DRIVE  
ST. CHARLES, MO 63301  
(314) 863-0077

(FAM)

Name (First, Last): \_\_\_\_\_

### **MARITAL HISTORY**

Date of Marriage: \_\_\_\_\_ Date of Divorce (if applicable): \_\_\_\_\_

Date of Modification (if applicable): \_\_\_\_\_

Place of Marriage: \_\_\_\_\_  
(City) (County) (State)

Still living together: ☐ Yes. ☐ No. If no, date of separation: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **INFORMATON ABOUT SPOUSE/OTHER PARENT**

Name (First, Middle, Last): \_\_\_\_\_

Maiden/Previous Name (if applicable): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Years at this address: \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

Opposing Counsel (if known): \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Est. Income: \_\_\_\_\_/yr

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

How long have they been with this employer? \_\_\_\_\_

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(FAM)

Name (First, Last): \_\_\_\_\_

**PRIOR MARRIAGES**

If you and/or the opposing party were married prior to this marriage, list the names of prior spouse(s), how the prior marriage(s) ended, the date each marriage ended, and if there are other children not of your current marriage:

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**CHILDREN IN THIS CASE**

Name (First, Middle, Last):	DOB	Current Age	SS#

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