DOMESTIC CLIENT QUESTIONNAIRE-SEPARATION AGREEMENT PREPARATION

FOR IDENTIFICATION PURPOSES WE REQUIRE A COPY OF YOUR DRIVERS LICENSE OR PHOTO ID FOR YOUR FILE SECTION I

Today's Date:	Referred By:			
	Opposing Counsel, if any:			
	Client Information:			
Full Legal Name:				_
	(First, middle, last name)			
Physical Address (if different):				
Phone Number:				
Phone Number: Home	Work		Cell	Voicemail? Text?
Fax Preferred Method of Contact: Please	Email address circle one Email	Mail		
Date of Birth:	Social Security #:			
Driver's License #/State:				
Full Legal Name:	Spouse Information: (First, middle, last name)			
na ·1·	(First, middle, last name)			
Manng Address: Physical Address (if different):				
Phone Number:				
Home	Work		Cell	
Date of Birth: Driver's License #/State:	Email address Social Security #:			
<u>Ir</u> For each minor child, please list th available, provide their social secu	•	ty and state		
	Information about your marriage:			
Date of Marriage:	Place of Marriage:	ounty	State	
Date of Separation:		ounty	State	

SECTION II

List all real property owned(list date each was acquired and by whom), who is in possession of the property and any outstanding debt owed.
List of all vehicles owned(how is each vehicle titled and the make & model of each vehicle), who is in
possession of the vehicle and any outstanding debt owed:
List any and all debts and how each is held, please indicate if any of the accounts are joint accounts:
List any and all retirement accounts, 401k accounts, cd's, annuities or stocks and how each is held and where the account is maintained. Include an estimate of the value of the account:
Please list other information that might be pertinent to with your case(i.e.: visitation, child support, medical insurance, dental insurance, post-separation support or alimony):