



## Family Law Questionnaire

### I. CLIENT

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ SS#: \_\_\_\_\_

Residence: \_\_\_\_\_

How long in PA: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Location of marriage: \_\_\_\_\_  
(county & state)

Prior actions in divorce? Y\_\_\_\_ N\_\_\_\_ If yes, explain: \_\_\_\_\_

Number of this marriage: \_\_\_\_\_

Race: \_\_\_\_\_ Wife's Maiden Name: \_\_\_\_\_

Number of children from this marriage: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

### II. SPOUSE

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ SS#: \_\_\_\_\_

Residence: \_\_\_\_\_

How long in PA: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Number of this marriage: \_\_\_\_\_ Race: \_\_\_\_\_



## Family Law Questionnaire

### II. SPOUSE - Continued

Number of this marriage: \_\_\_\_\_ Race: \_\_\_\_\_

a. \_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_

d. \_\_\_\_\_

\_\_\_\_\_

6. List all individuals who currently live with the child at both father's home and mother's home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What is the present custody arrangement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Are presently paying/receiving child support? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_