



WILLIAMS FAMILY LAW, PLLC

NEW CLIENT INTAKE QUESTIONNAIRE

CLIENT NAME: _____ DATE: _____

ADDRESS: (Indicate preferred mailing address, being sensitive to privacy concerns):

Mailing: _____

COMMUNICATIONS: (Indicate preferred number)

Office: _____ Pager: _____
Fax: _____ Email: _____
Home: _____ Cell: _____

YOUR EMPLOYER: _____
YOUR JOB TITLE: _____
EMPLOYER'S ADDRESS _____
YOUR SSN#: _____
ADVERSE PARTY: _____
OPPOSING COUNSEL: _____

Who referred you? _____

COMPLAINT AND AGREEMENT PREPARATION INFORMATION

Name of spouse:
Spouse's SSN#:
Spouse's address:
Spouse's home phone:
Spouse's employer:
Spouse's employer address:
Spouse's office phone

Date of Marriage:
County & State of Marriage:
Date of Separation
County & State of Separation:

CHILDREN:

Name: _____	DOB: _____	SSN#: _____
Name: _____	DOB: _____	SSN#: _____
Name: _____	DOB: _____	SSN#: _____
Name: _____	DOB: _____	SSN#: _____
Name: _____	DOB: _____	SSN#: _____

Is wife currently pregnant? _____

Is chemical abuse involved? If so, describe

Is verbal or physical abuse involved? If so, describe

Is either party guilty of infidelity? If so, describe

CLIENT INFORMATION:

Marital Home Address: _____

Social Security Number: _____

Date of Birth: _____ Gender: _____

Employer: _____ Position: _____

Compensation: _____ Highest Education Level: _____

SPOUSE INFORMATION:

Social Security Number: _____ Military: _____

Date of Birth: _____ Gender: _____

Employer: _____

Position: _____ Compensation: _____

Highest Education Level: _____

CLIENT'S HEALTH INSURANCE:

Company: _____

Employer: _____

Cost: _____ Paid By: _____

CHILDREN'S HEALTH INSURANCE:

Company: _____

Employer: _____

Maintained By: _____

Cost: _____ Paid By: _____

UCCJEA AFFIDAVIT INFORMATION – § 93-27-209

Please list:

1. Your children's present address:
2. Their addresses for the last 5 years:

3. The names and addresses of the persons with whom the child has lived in the past 5 years.
4. Have you participated as a party, witness or in any other capacity in any other litigation concerning the custody of said minor children in this or any other state since the issuance of this Court's original Custody Order?
5. Do you know of any other person who has physical custody of the children, or claims custody or visitation rights with respect to said children, other than their father?
6. Do you know of any proceeding of any kind that could affect the current proceedings?

CLIENT MISSION

- 1) Write, in your own words, what your mission is for this representation.

2) State the important facts of your case.

3) What relief do you want?

LIST ALL SIGNIFICANT ASSETS AND LIABILITIES

ASSETS:

LIABILITIES: