



Jan M. McCray Flemmons
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A Professional Company for the Practice of Law

Every client is treated like my only client

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CLIENT QUESTIONNAIRE

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. **CONFIDENTIALITY:** *The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.*

Date: _____

A. CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____ Fax Number: _____

E-mail Address: _____ Driver's License Number: _____

What is the best way to contact you? _____

Dates of residency at current address: _____

List any previous residences in the past five (5) years, and dates resided in each:

Employer's Name (if any): _____

Employer's Address: _____

Job Title: _____ Nature of Job: _____

Date of Employment: _____ Occupation: _____

Salary: \$ _____ weekly/biweekly/twice a month/monthly/weekly (circle one)

Do you have a Will? _____ If so, do you wish it to be reviewed? _____

(If so, please return a copy of the Will with this completed form.)

How did you hear about my office? _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) _____

B. SPOUSE'S INFORMATION:

Name: _____ Soc. Sec. No.: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ DOB: _____ State of Birth: _____
Telephone Number: _____ Facsimile Number: _____
E-mail Address: _____ Driver's License Number: _____
Does your spouse have any weapons? _____

Is spouse represented by counsel in this matter? _____ Yes _____ No - If yes, complete the following:
Spouse's Attorney: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____

Employer's Name (if any): _____
Employer's Address: _____
Date of Employment: _____ Occupation: _____
Salary: \$ _____ weekly/biweekly/twice a month/monthly/weekly (circle one)

C. MARITAL INFORMATION:

Date of Marriage: _____
Place of Marriage: _____

Are you and your spouse currently living together? _____ Yes _____ No

If not, then Date of Separation: _____

Do you have an interest in reconciliation? _____ Yes _____ No

To the best of your knowledge, does your spouse want reconciliation? _____ Yes _____ No

Describe the circumstances that caused your separation: _____

D. CHILDREN'S INFORMATION (from this marriage):

Name:	SSNo.:	Place of Birth:	Date of Birth:	Living With:	Sex:
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F

Is the wife currently pregnant? No Yes; date child is due: _____

UCCJEA Information:

If any of the children have resided with anyone other than you and your spouse during the last five (5) years, please complete the following information:

Name of Custodian:	Address:	Dates Resided with:

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependency or guardianship, concerning custody or visitation of any child subject to this proceeding? No Yes - If Yes, please describe: _____

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding No Yes - If Yes, please describe: _____

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? No Yes - If Yes, please describe: _____

RELIEF REQUESTED BY CLIENT

I. Children

- _____ Primary residential care of children
- _____ Sole parental responsibility of children
- _____ Split custody of the children
- _____ Child support - \$_____ Monthly
- _____ Continued medical insurance
- _____ Provide for specific expenses (i.e., extracurricular activities, etc.)
- _____ Provide for disabled child
- _____ Agreement for college expenses

II. Alimony

- _____ Permanent - \$_____ Monthly
- _____ Rehabilitative - \$_____ Monthly
- _____ Lump sum - \$_____
- _____ Continued medical insurance

III. Distribution of Real Estate

- _____ Exclusive use of marital home
- _____ Possession of marital home until children finish High School
- _____ Title to marital home as lump sum alimony
- _____ Claim for unequal distribution of marital home
- _____ Claim of enhancement in value or appreciation of nonmarital home
- _____ Partition or sale of marital home
- _____ Exclusive use of other real estate
- _____ Title to other realty as lump sum alimony
- _____ Claim for unequal distribution of other marital realty
- _____ Claim of enhancement in value or appreciation of nonmarital realty
- _____ Partition of other realty

IV. Distribution of Personal Property

- _____ Life insurance
- _____ Exclusive use and title to contents of residence
- _____ Return of removed property
- _____ Division of joint checking/savings accounts
- _____ Return of \$_____ joint funds removed by spouse
- _____ Exclusive use and title to _____ automobile
- _____ Stocks
- _____ Bonds
- _____ C.D. or money market account
- _____ Pension plan or retirement fund
- _____ Profit sharing plan

V. Liabilities

- _____ Mortgage payments
- _____ Charge accounts
- _____ Attorney's fees
- _____ Miscellaneous

VI. Other

- _____ Maintain confidentiality of financial information
- _____ Restoration of Maiden Name to _____

VII. Temporary Orders

- _____ Temporary Custody

- _____ Special provisions for upcoming holidays
- _____ Supervised visitation
- _____ No visitation
- _____ Restrictions on communications between parties
- _____ Prevent removal of child from state or country
- _____ Prevent passport services or surrender passport of children
- _____ Child Support \$_____ Monthly
- _____ Health Insurance for children
- _____ Custodial evaluation
- _____ Psychological exam
- _____ Exclusive use of home
- _____ Other party to pay mortgage or rent - \$_____
- _____ Other party pay utilities
- _____ Exclusive use of vehicle
- _____ Operation of business
- _____ Exclusive use of other assets
- _____ Car payment and insurance \$_____
- _____ Payment of other liabilities
- _____ Temporary spousal support \$_____
- _____ Health insurance
- _____ Injunction to preserve assets, freeze accounts
- _____ Limit expenditures for living expenses, business
- _____ Injunction against domestic violence
- _____ Injunction against harassment
- _____ Temporary attorney's fees