

CLIENT QUESTIONNAIRE

Date: ___/___/___ Type of Case: _____

*Required Information

I. CLIENT INFORMATION

* Name: _____

*Date of Birth: ___/___/___ State where born: _____

*S.S#: _____ - _____ - _____ *Driver Lic. #/ State: _____

*Address: _____

*City: _____ State: _____ Zip Code: _____

*Home Telephone:() _____ - _____ Mobile Telephone:() _____ - _____

Alternate Telephone: () _____ - _____ E-mail Address: _____

Mailing Address if different from above: _____

City: _____ State: _____ Zip Code: _____

Who referred you to the office? _____

Have you consulted with or retained any other attorney on this matter before coming to this office? _____ If so please state who and when: _____

Do you have a case pending with the El Paso County? Yes / No If so please state which court and cause number? _____

Employment Information

*Name of Company: _____

*Address: _____

*City: _____ State: _____ Zip Code: _____

Telephone No.: () _____ - _____ Salary/Income: _____ (Wkly/Monthly)

II. SPOUSE/OPPOSING PARTY

***Please give your Spouse's or Opposing Party's full name, date of birth, and Social Security number.**

* Name: _____

*Date of Birth: ___/___/___ State where born: _____

*S.S#: _____ - _____ - _____ *Driver Lic. #/ State: _____

Where is your spouse or adverse party currently residing & what is his/her phone number?

*Address: _____

*City: _____ State: _____ Zip Code: _____

*Home Telephone:() _____ - _____ Mobile Telephone:() _____ - _____

Employment Information

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: () - _____ Salary/Income: _____ (Wkly/Monthly)

III. CHILDREN INFORMATION

***Required Information (this helps us when preparing document for the court)**

*Name: _____

*Sex (M/F): _____ *Date of Birth: ____/____/____ *Age: _____

*Place of Birth: _____

*S.S. #: _____ - _____ - _____

*Name: _____

*Sex (M/F): _____ *Date of Birth: ____/____/____ *Age: _____

*Place of Birth: _____

*S.S. #: _____ - _____ - _____

*Name: _____

*Sex (M/F): _____ *Date of Birth: ____/____/____ *Age: _____

*Place of Birth: _____

*S.S. #: _____ - _____ - _____

*Name: _____

*Sex (M/F): _____ *Date of Birth: ____/____/____ *Age: _____

*Place of Birth: _____

*S.S. #: _____ - _____ - _____

*Name: _____

*Sex (M/F): _____ *Date of Birth: ____/____/____ *Age: _____

*Place of Birth: _____

*S.S. #: _____ - _____ - _____

OFFICE USE ONLY

I. JURISDICTION

- A. Petitioner's Residence**
- B. Resident, Out-of State, Public Service**
- C. Military Personnel:**
- D. Suit by Non-Resident Spouse**

II. SERVICE

- A. Personal at home or work**
- B. Non-resident service**
- C. Publication-residence unknown**
- D. Publication-outside the United States**
- E. Waiver to be secured (no service)**

Case Type: _____

Retainer Fee: _____

Renewable at: _____

Minimum Legal Fee: _____

Trial Fee: _____

Additional Notes: _____
