

Dissolution/Legal Separation Questionnaire

YOUR FULL NAME: _____

Phone No. () _____ - Home
() _____ - Work
() _____ - Pager
() _____ - Cellular
() _____ - Fax
_____ - E-mail address

Home Street Address _____
City/State/Zip Code _____
Mailing Address (if different) _____

Work Street Address _____
City/State/Zip Code _____

Date of Birth _____ Age _____
Place of Birth _____
Prior Marriages _____
Support receiving \$ _____
Social Security No. _____
Education (years) _____

YOUR SPOUSE'S FULL NAME: _____

Phone No. () _____ - Home
() _____ - Work
() _____ - Pager
() _____ - Cellular
() _____ - Fax
_____ - E-mail address

Home Street Address _____
City/State/Zip Code _____
Mailing Address (if different) _____

Work Street Address _____
City/State/Zip Code _____

Date of Birth _____ Age _____
Place of Birth _____
Prior Marriages _____
Support receiving \$ _____
Social Security No. _____
Education (years) _____

Marriage and Family Information

Date of Marriage: _____ Date of Separation: _____
Duration _____ Years _____ Months _____
Place of Marriage: _____

Children

() Yes () No Pregnant () Yes () No

<u>Child's Name</u>	<u>Date of Birth/Age</u>	<u>Place of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have child(ren) lived with you or your spouse since the date of separation? () You () Spouse

Are the children presently living with you? You () No ()
If no, with whom are they living: _____

Address: _____

Do you have any natural or adopted children (not stepchildren) from a prior relationship? Yes () No ()

If yes, state their names, ages and current address:

Are there any other court proceedings affecting your child(ren)?
() Yes () No

Reason for Contacting Us: _____

Where would you like us to contact you: _____

