

Claire Sanderson Hanna Law Firm, P.C.

Welcome to my office. It would be very helpful if you would please complete the following questionnaire. The information requested allows me to more efficiently and comprehensively advise you on your domestic relations matter. Prior to filing any action with the Court, we will need to have social security numbers for you, the other party involved in this matter and any minor children you may have. Any information provided herein is CONFIDENTIAL. Thank you so much. I look forward to meeting with you shortly.

**DATE** \_\_\_\_\_

**CLIENT INFORMATION SHEET (PARTY ONE)**

NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX # and INSTRUCTIONS FOR FAXING: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SOC SEC # \_\_\_\_\_ ANY SPECIAL MAILING/TELEPHONE CONTACT INSTRUCTIONS \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

LEVEL OF EDUCATION: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS \_\_\_\_\_

YEARS EMPLOYED \_\_\_\_\_ INCOME \_\_\_\_\_ POSITION \_\_\_\_\_

PRIOR WORK/EARNINGS HISTORY  
\_\_\_\_\_

**MILITARY SERVICE CURRENT/PAST**

**STATE OF HEALTH:**

**THREE TOP PRIORITIES/GOALS YOU WISH TO ACHIEVE IN THIS LEGAL MATTER:**

1.

2.

3.

**CURRENT MARRIAGE:**

- 1. Name Spouse \_\_\_\_\_
- 2. Date Marriage \_\_\_\_\_
- 3. City, State where married \_\_\_\_\_
- 4. Separated or living in same house \_\_\_\_\_

**PRIOR SPOUSE NAMES/MARRIAGE & DISSOLUTION DATES**

1<sup>ST</sup> Spouse name/dissolution date \_\_\_\_\_  
2<sup>ND</sup> Spouse name/dissolution date \_\_\_\_\_

**SPOUSE/ OTHER PARTY INFORMATION**

NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SOC SEC # \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

LEVEL OF EDUCATION: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS \_\_\_\_\_

YEARS EMPLOYED \_\_\_\_\_ INCOME \_\_\_\_\_ POSITION \_\_\_\_\_

**PRIOR WORK/EARNINGS HISTORY**

\_\_\_\_\_

**MILITARY HISTORY: CURRENT/PAST**

**STATE OF HEALTH**

**PRIOR SPOUSE NAMES/MARRIAGE & DISSOLUTION DATES**

1<sup>ST</sup> Spouse name/dissolution date \_\_\_\_\_  
2<sup>ND</sup> Spouse name/dissolution date \_\_\_\_\_

**CHILDREN INFO**

NAME	AGE	DOB	SPECIFIC CONCERNS	SOC SEC
_____	_____	_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_

**COURT INFO**

OPPOSING COUNSEL \_\_\_\_\_ PRIOR COUNSEL \_\_\_\_\_  
JUDGE \_\_\_\_\_ HEARING DATES \_\_\_\_\_

**IS THERE ANYTHING YOU BELIEVE I NEED TO KNOW THAT I HAVE NOT  
ALREADY ASKED YOU IN THIS QUESTIONNAIRE? IF SO, PLEASE MENTION  
BRIEFLY BELOW:**