



1117 PERIMETER CENTER WEST, SUITE W501  
ATLANTA, GEORGIA 30338

**DIVORCE QUESTIONNAIRE**

The following information is needed in the event we need to contact you in an emergency and for purposes of evaluating your legal needs. This information will be held in strict confidence. However, be advised in the event we need to contact you to reschedule or verify information, we will use the information provided to do so unless you indicate otherwise. This information will also benefit us in initiating your case should you decide to retain our services.

**NOTE: THE CONSULTATION FEE MUST BE PAID PRIOR TO THE CONSULTATION WITH ATTORNEY AND IS NON-REFUNDABLE.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME D.O.B

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
STREET APT# P.O. BOX

\_\_\_\_\_  
CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
STREET APT# P.O. BOX

\_\_\_\_\_  
CITY COUNTY STATE ZIP CODE

TELEPHONE NUMBERS: **Circle Preferred number where we may call or leave messages:**

(H)(\_\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_ (CELL) (\_\_\_\_\_) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER'S ADDRESS: \_\_\_\_\_

NATURE OF LEGAL PROBLEM (DIVORCE, MODIFICATION, ADOPTION OR STATE OTHER): \_\_\_\_\_

HAVE YOU OR THE OTHER PARTY HAD A PREVIOUS CONSULTATION WITH THIS OFFICE? YES \_\_\_\_\_ NO \_\_\_\_\_

REFERRAL SOURCE? ♣ INTERNET ♣ PHONE BOOK ♣ YELLOW PAGES ON-LINE ♣ FAMILY/FRIEND: \_\_\_\_\_

♣ BAR REFERRAL (IF SO, WHICH COUNTY) \_\_\_\_\_ ♣ OTHER (IF SO, PLEASE STATE): \_\_\_\_\_

IF YOU WERE REFERRED TO A SPECIFIC ATTORNEY IN THIS FIRM BEFORE YOU CALLED, WHO WAS IT? \_\_\_\_\_

MAY WE THANK THE PERSON WHO REFERRED YOU? ♣ Yes ♣ No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

OFFICE USE: ATTY: \_\_\_\_\_ F/U & DATE: \_\_\_\_\_ RET \$ \_\_\_\_\_ ESC \$ \_\_\_\_\_ VENUE \_\_\_\_\_ COURT \_\_\_\_\_

COMP \_\_\_\_\_ A/CC \_\_\_\_\_ DISCO (NTP,ROG, RTP TO ER) \_\_\_\_\_ SERVICE (AOS,SEOS,PUB) \_\_\_\_\_ S/A \_\_\_\_\_

1. The parties' full legal & proper names: You \_\_\_\_\_ Formerly known as \_\_\_\_\_  
Other party \_\_\_\_\_ Formerly known as \_\_\_\_\_

Have you ever been married before?  Yes  No If yes, please state previous spouses name: \_\_\_\_\_

2. Other party's (a) Date of Birth \_\_\_\_\_ (b) Social Security # \_\_\_\_\_

3. Education (grade & degree): You \_\_\_\_\_ Other Party \_\_\_\_\_

4. Occupation: You \_\_\_\_\_ Other Party \_\_\_\_\_

5. Earning Capacity: You \$ \_\_\_\_\_ Other Party \$ \_\_\_\_\_

6. Do you have a prenuptial agreement?  YES  NO

7. Your Residence?  Rent  Own If you own, what is the fair market value (estimate) of your residence: \$ \_\_\_\_\_

8. Have you ever filed for bankruptcy? \_\_\_\_\_ If So, When? \_\_\_\_\_

9. Any Children Involved: **If Yes, then please complete supplemental page 3:**

10. Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Separation \_\_\_\_/\_\_\_\_/\_\_\_\_

11. If this is a modification or a contempt case, Date of Divorce \_\_\_\_/\_\_\_\_/\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

12. Are you still residing together?  Yes  No

13. If You Are Separated, Give Address Where the Other Party Can Be Served (state whether at home or work):

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

14. Contested Issues for Court to Decide: Alimony  Yes  No Medical Insurance  Yes  No  
Life Insurance  Yes  No Real Property  Yes  No  
Automobiles  Yes  No Attorney fees  Yes  No  
Miscellaneous personal property  Yes  No  
Retirement Account  Yes  No Total approx value: \$ \_\_\_\_\_

15. Joint Account(s) Status (please state whether still open or closed):

Credit Card(s) \_\_\_\_\_ Bank Account(s) \_\_\_\_\_ Equity Line(s) \_\_\_\_\_

15. Is there a history of violence in your Marriage? \_\_\_\_\_ If Yes, have there been any criminal charges filed? \_\_\_\_\_

16. Have you ever filed or been party to any other case involving the same parties? If yes, state who, when and date:

\_\_\_\_\_

17. Other helpful information, including previously related cases (including restraining orders and/or protective orders):

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

18. If your spouse has retained an attorney, please state his/her name: \_\_\_\_\_

19. Have you been served with papers: \_\_\_\_\_ Is there a court date set (if so, when?): \_\_\_\_\_

20. Is an attorney currently representing you in any legal action? ♣ Yes ♣ No If yes, please state his/her name:

21. Have you discussed your situation with another attorney or firm? ♣ Yes ♣ No

**SUPPLEMENTAL PAGE TO BE FILLED OUT IF CHILDREN ARE INVOLVED**

*Child's Full Name*                      *Age*                      *D.O.B.*                      *Sex*                      *Resides With or Who is Primary Care Giver*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I. Contested Issues for Court to Decide:

a) Child(ren) Custody: ♣ joint legal ♣ sole legal ♣ joint physical ♣ sole physical

b) Visitation: ♣ liberal ♣ minimal ♣ supervised

c) Child Support: ♣ Yes ♣ No

II. Check all that apply. This case is a: ♣ Divorce ♣ Modification ♣ Contempt ♣ Legitimation ♣ Paternity ♣ Adoption

III. Monthly health care expenses for your child(ren).

a) What are the approximate monthly expenses? \_\_\_\_\_

b) Who pays for those monthly health care expenses? \_\_\_\_\_

IV. Monthly work-related daycare expenses for your child(ren).

a) What are the approximate monthly expenses? \_\_\_\_\_

b) Who pays for those monthly daycare expenses? \_\_\_\_\_

V. Monthly extra-curricular activities your child(ren), including sports, camps, music/dance lessons, etc.

a) What are the approximate monthly expenses & for which activity? \_\_\_\_\_

b) Who pays for those monthly expenses? \_\_\_\_\_

VI. Monthly travel expenses either parent pays to visit your child(ren)

a) What are the approximate monthly expenses? \_\_\_\_\_

b) Who pays for those monthly travel expenses? \_\_\_\_\_

VII. If you are seeking to modify a prior custody/visitation/child support order:

a) What is the current custody arrangement? ♣ joint legal ♣ sole legal ♣ joint physical ♣ sole physical

b) How much visitation do you have now? \_\_\_\_\_

c) How much visitation does the other party have now? \_\_\_\_\_

d) How much child support do you receive or give per month? \_\_\_\_\_

e) If you are seeking to modify, what should the arrangement be changed to?

i. Custody \_\_\_\_\_

ii. Visitation \_\_\_\_\_

iii. Child support \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ Date \_\_\_\_\_