

CLIENT INFORMATION QUESTIONNAIRE

Today's Date ____/____/____

NAME: _____

Other Past Names Used _____

ADDRESS: _____

Can we send correspondence to this address? _____

PHONE: Home (____) _____ Work: (____) _____ Cell: (____) _____

EMAIL ADDRESS: _____

EMPLOYER: _____

DATE OF BIRTH: _____

SS# _____

Drivers License # _____ State: _____ Exp Date _____

Marital Status:

_____ I have been served papers by my spouse

_____ I want to file for Divorce/Terminate Domestic Partnership

_____ I am considering Divorce/Terminating Domestic Partnership

_____ I am looking for information regarding Collaborative Process

_____ Other: _____

I am already divorced, I am here because:

I need to make changes to the following orders:

Child Support ___ increase ___ decrease The present order is \$ _____ per month

Spousal Support ___ increase ___ decrease The present order is \$ _____ per month

Child Custody ___ increase ___ decrease

Present order states _____

Child Visitation ___ increase ___ decrease

_____ Sole Custody _____ Shared Parenting

Change of circumstance _____

Present schedule is _____

Property Issue: (explain) _____

Other: _____

I am not married, I am here because:

_____ I have been served papers

_____ I want to file a paternity action

_____ I want information about a paternity action

_____ Other : _____

Marriage/ Relationship

Date of Marriage: _____ City and State: _____

Date of Separation: _____

Length of Marriage: _____

Has spouse already filed for divorce ? _____ County _____

Case Number _____ Court Date _____

Spouse Information

NAME: _____

Other names used in past: _____

Address : _____

Phone: Home: (____) _____ Work: (____) _____ Cell :
(____) _____

Email address: _____

Employer: _____

Date of birth: _____

SS#: _____

Drivers License No. : _____ Expiration date: _____

Physical Description: Ht _____ Wt _____ Hair _____ Eyes _____ Race _____

Have you been a resident of Ohio for more than six (6) months?: _____

If no, please state your place of residency: _____

Do you have minor children?: _____

Names, dates of birth and addresses for children for past five (5) years

| Name | Date of birth | Address for past 5 years |
|-------|---------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Any minor children from previous relationship/marriage? _____ Yes _____ No

Do they reside with you? _____ Yes _____ No

Do you receive support for the minor children _____ Yes _____ No

Amount per month \$ _____

Any other court proceedings affecting the minor children? _____ Yes _____ No

If yes, please explain _____

Are you currently pregnant _____ Yes _____ No

Are you in need of an Emergency Order due to abuse/threats/fear of personal safety for you/the minor children/your family, alcohol or drug abuse _____ Yes _____ No