

## CLIENT INFORMATION QUESTIONNAIRE

1. Background Information

	Client's information	Opposing Party information
Full Name		
Social Security Number		
Date of Birth		
State/County of Birth	<b>Text</b>	
Residence Address		
City		
State/Zip		
County		
Resident of Florida?		
Length of residency in State of Florida*		
Home Phone		
Work Phone		
Cell Phone		
Fax		
Can we call and fax you at work and/or at home?		
Occupation		
Employer		
Work Address		
E-mail address		

2. If this office MUST reach you on short notice, please provide the name, relationship, address, and phone number of the person most likely to know where you are:

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

3. Do you wish correspondence from this office to be sent to a different address? \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

4. Are there any issues involving children in this matter?

If so, explain: \_\_\_\_\_

\_\_\_\_\_

Child's Complete Name	Date of Birth	Current Age	Whose Child?
			<input type="checkbox"/> H <input type="checkbox"/> W
			<input type="checkbox"/> H <input type="checkbox"/> W
			<input type="checkbox"/> H <input type="checkbox"/> W
			<input type="checkbox"/> H <input type="checkbox"/> W

5. Are there any health related issues in this matter?

If so, explain: \_\_\_\_\_

\_\_\_\_\_

6. Opposing counsel involved in this action, if applicable:

<i>Name</i>	<i>Address</i>	<i>Phone number</i>

7. Are there any assets are involved in this action? If so, explain:

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

---

---

CLIENT COMMENTS:

*Please summarize any concerns or issues you may have regarding this matter and how you would like to see it resolved.*

---

---

---

---

---

---

---

---

---

---

---

---

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_