

**CONFIDENTIAL QUESTIONNAIRE**

(For Divorce, Modification, Paternity, and all other Family Law Matters):

*Please answer every question. All the information requested is necessary for your case.*

YOUR Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
If Wife - *Maiden Name* (Not prior married name): \_\_\_\_\_ Do you want it restored? \_\_\_\_\_  
Place of Birth (State, City & County): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Driver License Number: \_\_\_\_\_  
List an address *where you may be contacted*, whether home or other: \_\_\_\_\_

Are you and your spouse /other party presently living together? \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone/Pager: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Complete Address: \_\_\_\_\_  
Job Position or Title: \_\_\_\_\_ Gross Annual Salary: \_\_\_\_\_  
Are you in the Military, Guard, or Reserves? \_\_\_\_\_  
How long have you lived in Florida? \_\_\_\_\_  
Health: Good \_\_\_\_\_ / Fair \_\_\_\_\_ / Poor \_\_\_\_\_ Education Level: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_ Parties not married: \_\_\_\_\_  
Place of Marriage (City, County, State): \_\_\_\_\_  
Do you have a Prenuptial Agreement? \_\_\_\_\_  
Have you inherited any money or gifts during the relationship? \_\_\_\_\_ Amount: \_\_\_\_\_  
Have you received substantial gifts from third parties during the relationship? \_\_\_\_\_ Amount: \_\_\_\_\_  
Have you received personal injury or worker's comp during the relationship? \_\_\_\_\_ Amount: \_\_\_\_\_  
Have you helped your spouse / other party further his/her career or education? \_\_\_\_\_

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SPOUSE / OTHER PARTY'S Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
If Wife, *Maiden Name*: \_\_\_\_\_ Does she want that name restored? \_\_\_\_\_  
Place of Birth (State, City & County): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Driver License Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone/Pager: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Complete Address: \_\_\_\_\_  
Job Position or Title: \_\_\_\_\_ Gross Annual Salary: \_\_\_\_\_  
Is this person in the Military, Guard, or the Reserves? \_\_\_\_\_  
How long has this person lived in Florida? \_\_\_\_\_  
Health: Good \_\_\_\_\_ / Fair \_\_\_\_\_ / Poor \_\_\_\_\_ Education Level: \_\_\_\_\_  
Has this person inherited any money or gifts during the relationship? \_\_\_\_\_ Amount: \_\_\_\_\_  
Has this person received substantial gifts during the relationship? \_\_\_\_\_ Amount: \_\_\_\_\_  
Has this person received personal injury or worker's comp? \_\_\_\_\_ Amount: \_\_\_\_\_  
Has this person helped you further your career or education? \_\_\_\_\_

**TOTAL NUMBER OF LIVING CHILDREN** subject to this action: \_\_\_\_\_ under 18 / \_\_\_\_\_ over 18. If the children are minors or permanently dependent adults (i.e. physically handicapped, disabled, or mentally impaired), please complete the following:

1. Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
City, County and State of Birth: \_\_\_\_\_ Resides With: \_\_\_\_\_  
Does the child have income or assets? \_\_\_\_\_

2. Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
City, County and State of Birth: \_\_\_\_\_ Resides With: \_\_\_\_\_  
Does the child have income or assets? \_\_\_\_\_

3. Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
City, County and State of Birth: \_\_\_\_\_ Resides With: \_\_\_\_\_  
Does the child have income or assets? \_\_\_\_\_

Do the children have any special needs? \_\_\_\_\_  
Do you anticipate a dispute over custody or visitation? \_\_\_\_\_  
With whom do you believe the child(ren) should primarily reside? \_\_\_\_\_

List the names and addresses of everyone the children have lived with in the last 5 years, indicating the dates for each location. If extensive, use back of page. This is a Federal Requirement. Please be specific.

List the names and ages of all children from any prior relationships belonging to yourself or your spouse / other party, and with whom these children live. If extensive, use back of page.

List all prior marriages for yourself and your spouse / other party. Include the names, as well as how, when and where (the state and county) those prior marriages were terminated. If extensive, use back of page.

SPOUSE / OTHER PARTY'S Attorney: \_\_\_\_\_  
Pending court dates: \_\_\_\_\_  
Is there domestic violence in your household? \_\_\_\_\_  
Is there an injunction in place? \_\_\_\_\_  
Referred by \_\_\_\_\_