

FOSTER & HANKS, LLC DIVORCE QUESTIONNAIRE

Information about you:

Name (First, Middle, Last): _____

Street Address: _____

City & State: _____ Zip: _____ County: _____

Telephone number (day): _____ (evening): _____

Beeper, cellular, or alternate number: _____

E-mail address: _____

Date of birth: _____

Maiden name (if applicable): _____

Do you want your name changed? If so, to what? _____

Employer's name: _____

Employer's address: _____

Information about your marriage:

Date of marriage: _____ Date of separation: _____

Place of marriage: _____

Including this marriage, how many times have you been married? _____

Including this marriage, how many times has your spouse been married? _____

Information about your spouse:

Name of spouse: _____

Spouse's street address: _____ County: _____

Spouse's telephone number: _____

Spouse's date of birth: _____

Spouse's Maiden name (if applicable): _____

Spouse's employer's name: _____

Spouse's employer's address: _____

Information about your minor children:

First, middle, and last names, and birthdates of minor children from this marriage:

Custody of the minor child(ren): Please describe what arrangement you desire with regards to your minor child(ren) and why. _____

Automobiles: Please describe each vehicle that is owned by either you or your spouse (make, model, name on title, and value, if known). Also please state which vehicle(s) you want. _____

Personal property: Please describe any personal property that you and/or your spouse owns that is important to you or has significant value. _____

Real property: Please describe any real property that is owned by you and/or your spouse (include the value if known). Also please detail how you would like to divide the property. _____

Marital debt: Please describe all debts that are in your name or your spouse's name. List the creditor, the amount of the debt, the name on said debt, and what the debts was used for. _____

Alimony: Do you need alimony? If so, how much do you need and for how long? _____

Investment, pension and retirement accounts: Do you or your spouse have any investment, pension or retirement accounts? If so, please give the following information: name on the account, the account number, the value of the account at the time of marriage, and the current value of the account: _____

Income tax: Do you or your spouse have any outstanding tax liability? If so, how much and from what year(s)?

Life insurance: Do you or your spouse have any life insurance? If so, how much? _____

Attorney's fees: Do you want your spouse to pay your attorney's fees? _____

Other issues: Are there any other issues that need to be addressed by your attorney? _____

How did you learn about our office? (if referred, who gave the referral?): _____

I understand that I will be charged \$200.00 **UP FRONT** for an office visit of up to one (1) hour and I will be billed in increments of \$75.00 for each additional fifteen (15) minute period. I agree to these terms and understand payment is due at the time services are rendered. Payment may be made by cash, check, MasterCard, Discover Card or Visa.

A CONSULTATION WITH FOSTER & HANKS, LLC DOES NOT CREATE AN ATTORNEY-CLIENT RELATIONSHIP. FOSTER & HANKS, LLC DOES NOT REPRESENT YOU OR ANY OTHER PARTY UNTIL A SEPARATE CONTRACT IS SIGNED AND THE PAYMENT TERMS ARE AGREED UPON AND COMPLIED WITH.

Client's signature

Today's date