

Power Jaugstetter & Futch, PC

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QUESTIONNAIRE

PERSONAL INFORMATION

Date you completed this form: _____

Name: _____

Nick Name or Other Name : _____

Date of Birth: _____

Social Security No.: _____

Home Address: _____
(Street) (City) (State) (Zip)

County of Home Address: _____ Lived at Address Since: _____

Work Address: _____
(Street) (City) (State) (Zip)

Please circle mailing address: Home Work Other.

If "Other" address is selected, please list the address below:

(Street) (City) (State) (Zip)

Contact Information: Email Address: _____

Work Phone: _____ Home Phone: _____

Fax No.: _____ Cell Phone: _____

Please list below any directions or restrictions in contacting you:

WOULD YOU LIKE YOUR BILLING STATEMENTS AND OTHER CORRESPONDENCE REGARDING YOUR CASE E-MAILED TO YOU? YES NO (Circle One).

INFORMATION ABOUT YOUR EMPLOYMENT:

Are you employed? **Yes No** (Circle One).

Name of Employer: _____ Job Title: _____

Employed Since: _____ Salary: _____

OTHER:

Have you previously consulted an attorney regarding this matter? **Yes No** (Circle One).

Name and address of attorney, if known: _____

Have you signed anything which may effect this case, including, release, statement, settlement agreement documents presented by any one else? **Yes No** (Circle One)

If so, please describe the document: _____

REASON FOR CONSULTATION: _____

**If the reason for your consultation is for a domestic matter,
please provide the following additional information:**

MARRIAGE HISTORY:

Date of Marriage: _____

Place: _____
(City) (County) (State)

Number of this marriage for you: _____ Number of this marriage for your spouse: _____

Are you and your spouse living together now? **Yes No** (Circle One) Date of separation: _____

When was the last time you had sexual relations with your spouse? _____

INFORMATION ABOUT YOUR CHILDREN:

Name (First Middle Last)	Date of Birth	Living With
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Address at which the children lived for the past five years and with whom they lived: _____

Do you anticipate a dispute about custody of the children? **Yes No** (Circle One)

If so, do you request joint or sole custody: _____

INFORMATION ABOUT YOUR SPOUSE'S EMPLOYMENT:

Spouse's Full Name: _____ Date of Birth: _____

Social Security No.: _____

Is your spouse employed? **Yes No** (Circle One)

Name of Employer: _____ Job Title: _____

Address of Employer: _____

Employed Since: _____ Salary: _____

Please list below any educational and vocational training after high school:

Institution	Date of Attendance	Degree/Certificate
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INFORMATION ABOUT PRIOR MARRIAGES:

If you and/or your spouse have been married before, please list the names of prior spouse(s) and how the prior marriage(s) ended: _____

PRIOR PROCEEDINGS:

Have there been any legal or other proceedings between you and your spouse? **Yes No** (Circle One)

RECONCILIATION:

Are you interested in reconciliation? **Yes No** Is your spouse interested in reconciliation, as far as you know? **Yes No**

Have you tried marriage counseling? **Yes No**

If so, please provide the names of the counselor(s) and the dates you attended counseling sessions:

PLEASE TELL US, HOW DID YOU HEAR ABOUT US

REFERRAL/WHO: _____ PREVIOUS REPRESENTATION _____

WEBB SITE: _____ OTHER, PLEASE DESCRIBE _____

For Office Use:

Entered in Contacts: Y N

Attorney: _____

Open File: Y N