

CLARIE LAW OFFICES, P.A.
ATTORNEYS AT LAW

**PRIVILEGED & CONFIDENTIAL FAMILY LAW INTAKE FORM
AND MATRIMONIAL QUESTIONNAIRE**

Personal Information (Print Legibly):

Name: _____ Cell #: (_____) _____

Address: _____ Zip: _____

DOB: _____ SSN: _____ Driver's License # _____

Employer: _____

Work address: _____

Position: _____ Salary: \$ _____ weekly / monthly

All cities and states in which you have resided in the past five (5) years:

How long have you lived in Florida? _____ months / years

Health: _____ Education level: _____

Work experience: _____

Assets at time of marriage: _____

Have you inherited any monies during this marriage: Yes _____ No _____

Have you helped your spouse further his/her career or education: Yes _____ No _____

OTHER PARTY / SPOUSE INFORMATION

Name: _____ Cell #: (_____) _____

Address: _____ Zip: _____

DOB: _____ SSN: _____ Driver's License # _____

Employer: _____

Work address: _____

Position: _____ Salary: \$ _____ weekly / monthly

Health: _____ Education level: _____

Work experience: _____

Assets at time of marriage: _____

Has your spouse inherited any monies during this marriage: Yes _____ No _____

Is your spouse represented by an attorney? Yes _____ No _____

If yes, provide name: _____

FAMILY INFORMATION

Is this a paternity action (parties never married): Yes _____ No _____

Date of marriage: _____ / _____ / _____ Place of marriage (city/state): _____

Do you have ***minor*** children together? Yes _____ No _____

If yes, provide the following information:

1. Name: _____ DOB: _____ / _____ / _____
Birth Place (city/state) _____ SSN: _____ - _____ - _____
2. Name: _____ DOB: _____ / _____ / _____
Birth Place (city/state) _____ SSN: _____ - _____ - _____
3. Name: _____ DOB: _____ / _____ / _____
Birth Place (city/state) _____ SSN: _____ - _____ - _____

For each child, list the address, dates resided, and person(s) child has lived with for the past five (5) years: (use the back in you need additional space)

| Address | Dates Resided | Person(s) Child Lived With (name and relationship) |
|---------|---------------|---|
| 1. | | |
| 2. | | |
| 3. | | |

Have you or your spouse ever participated in ANY custody, time-sharing or child support proceedings in the past? Yes _____ No _____ If yes, complete the following:

| County/State | Case Number | Type of Proceeding | Date of Judgment |
|--------------|-------------|--------------------|------------------|
| | | | |

List names and ages of any children of any prior marriage of yourself or your spouse, and state with whom the children live: _____

Where do the children live? _____

Do you and your spouse currently have a time sharing schedule (formal or informal) in place with the minor child(ren)? Yes _____ No _____

If yes, please describe: _____

Are you divorced? Yes _____ No _____

If yes, when/where: _____

Have you been represented by another attorney in this matter? If yes, provide name: _____

Have you been served with divorce papers? Yes _____ No _____

If yes, when were you served? ____/____/____

*Please provide copies of any documents you have received.

Are you and your spouse living together now? Yes _____ No _____

If not, date of separation: ____/____/____

Has either party ever sought a divorce before from present spouse, either in another county in Florida or another state, and if so, when, where and specify details: Yes _____ No _____

Have the parties arrived at a property settlement agreement, either oral or written, and if so, were you represented by counsel? _____

List all prior marriages of yourself and your spouse (include name of prior spouse and how, when, and where prior marriage terminated):

FINANCIAL INFORMATION

Do you have jointly owned real property (marital home)? Yes _____ No _____

Do you have any marital assets? Yes _____ No _____

If yes, please describe: _____

Are there joint bank accounts to which your spouse has access? Yes _____ No _____

Is there health and dental insurance for the child(ren)? Yes _____ No _____

If yes, who provides the coverage? I do _____ Spouse _____

Is there day care expenses for the child(ren)? Yes _____ No _____

If yes, how much does it cost and how pays? _____

Liabilities: Do you have any marital liabilities/debt jointly with your spouse?

Yes _____ No _____

Are there any pension/retirement plans? Yes _____ No _____

If yes, do both of you have an account or just one? _____

Do you have a Will? Yes _____ No _____ If yes, should it be reviewed? _____

1. I understand that the initial consultation is a one-time consultation only and does not create an agreement with the Clarie Law Offices, P.A. to represent me.
2. Clarie Law Offices, P.A. does not represent me unless and until I execute a contract for legal services with the firm and pay the applicable retainer fee.
3. All of the information I have provided herein is true and correct to the best of my knowledge and belief.

Client Signature

Date