

THE LAW OFFICES OF VICKERS & WHITE, PLLC

FAMILY LAW CLIENT QUESTIONNAIRE

Date: _____

	CLIENT:	SPOUSE:	
Name:			
Home Address:			
Street:			
City, State, Zip:			
County:			
Mailing Address (if different than above):			
Street:			
City, State, Zip:			
County:			
Other Contact Information (please check box next to the preferred method(s) of contact):			
Home Phone:	<input type="checkbox"/>		
Work Phone:	<input type="checkbox"/>		
Cell Phone:	<input type="checkbox"/>		
Fax No:	<input type="checkbox"/>		
Email Address:	<input type="checkbox"/>		
Information on Current Marriage:			
Date of marriage:		City/County/State of marriage:	
Date of Separation (i.e. last time you had marital relations):		Wife's maiden name:	
Maiden name to be restored?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How long did/have you lived at the marital home?	
How long have you lived in that county?		How long have you lived in Alabama?	
Are you interested in reconciliation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is your spouse interested in reconciliation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you tried marriage counseling?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when and with whom?	

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Children of Current Marriage:			
Date of Birth:	Name:	Resides with:	
Are any other children expected?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do any of the children have special needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please specify any special needs of the children:			
<i>Where and with whom have the children lived for the last five years?</i>			
Child's Name:	Resided with:	Dates:	
<i>Where do the children attend school?</i>			
Child's Name:	Attends:	Monthly Tuition (if any):	

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Background Information:		
	CLIENT:	SPOUSE:
Date of Birth:		
Place of Birth:		
Social Security No:		
Employer:		
Position/Title:		
Annual Salary		
Annual Bonus		
Employed since:		
Highest level of education earned:		
Religious Affiliation (if any):		
Vehicle(s) Make/Model/Year:		
Vehicle Registration Name:		
Mileage on Vehicle:		
Information on prior divorce if applicable:		
Number of prior marriages		
Name of prior spouse:		
Date of prior divorce:		
County and state of prior divorce:		
Names/ages of child(ren) from prior marriage:		
Child support order for those child(ren)?		
How much received/paid in child support?		
Health Information:		
Are you, your spouse, or any of your children currently receiving any medical or psychological treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

