DOMESTIC CLIENT QUESTIONNAIRE-SEPARATION AGREEMENT PREPARATION

(PLEASE COMPLETE ONLY SECTION I OF THIS FORM PRIOR TO YOUR APPOINTMENT WITH MR. DISBROW)

SECTION I

Today's Date:_____ Referred By: _____

Opposing Counsel, if any: _____

Your full name_____
(First, middle, last name)

Mailing Address:_____

_____
(Town, state, zip code)

Phone Number:_____ _____ _____
Home Work Cell

_____ _____
Fax Email address

Driver's License # / State:_____

Social Security #: _____

Date of Birth: _____

Place of Employment / Address:_____

Full Name of Spouse:_____

Mailing address of spouse:_____

Children's Names: Date/s of Birth:

_____

_____

_____

_____

Date of Marriage:_____ Place of Marriage:_____
County / State

Date of Separation: _____

SECTION II

List all real property owned(list date each was acquired and by whom):

List of all vehicles owned(how is each vehicle titled and name the make & model of each vehicle):

List any and all debts and how each is held:

List any and all retirement accounts, 401k accounts, cd's, annuities or stocks and how each is held and where the account is maintained:

Please list other information that might be pertinent to with your case(i.e.: visitation, child support, medical insurance, dental insurance, post-separation support or alimony):