

## CLIENT QUESTIONNAIRE (FAMILY LAW)

Print and complete this form, present at your appointment - **do not e-mail in advance.**



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***All Consult Fees are due PRIOR to seeing Attorney.***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

***Confidential*** Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Confidential*** Telephone Number: \_\_\_\_\_

***Confidential*** e-mail Address: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Name of Opposing Party: \_\_\_\_\_

Date of Marriage or cohabitation (if applicable): ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

Date of Separation (if applicable): ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

Name(s) and Date(s) of Birth of Child(ren) at issue:

\_\_\_\_\_ ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

\_\_\_\_\_ ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

\_\_\_\_\_ ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

(check if additional children - use reverse of form)

You or opposing party currently in the military? \_\_\_\_\_

Have there been any developments since you made the appointment? \_\_\_\_\_

How were you referred to this office: \_\_\_\_\_

For Office Personnel only:

Consult Fee: \$200 \_\_\_\_\_

Cash \_\_\_\_\_  Check \_\_\_\_\_  Credit \_\_\_\_\_  Money Order \_\_\_\_\_