

Law Offices of
Brian M. Moskowitz

CLIENT QUESTIONNAIRE

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Date: _____

A. CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Own: _____ Rent: _____ How long at this address?: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____ Driver's License Number: _____

Dates of residency at current address: _____

Month/Year first became a Florida resident: _____

List any previous residences in the past five (5) years, and dates resided in each:

Employer's Name (if any): _____

Employer's Address: _____

Employer's Telephone No.: _____

Date of Employment: _____ Occupation: _____

Salary: \$ _____ weekly/biweekly/twice a month/monthly/annual (circle one)

Other sources of income (please describe):

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Indicate any additional plans for future employment: _____

Highest level of education completed: _____

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: _____

Describe plans you have to enroll in school or complete your education, if any: _____

What is your religious preference? _____

Do you have any Estate Planning Documents? _____ If yes, which ones: Will, Trust, Power of Attorney, Health Care Proxy, Other:

If so, do you wish them to be reviewed? _____

If so, please provide copies with this completed form.

How did you hear about our office? _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) _____

B. SPOUSE'S INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____ Facsimile Number: _____

E-mail Address: _____ Driver's License Number: _____

Is spouse represented by counsel in this matter? ___ Yes ___ No - If yes, complete the following:

Spouse's Attorney: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Facsimile Number: _____

Employer's Name (if any): _____

Employer's Address: _____

Job Title: _____ Nature of Job: _____

Date of Employment: _____ Occupation: _____

Salary: \$_____ weekly/biweekly/twice a month/monthly/annual (circle one)

Other sources of income (please describe):

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Indicate any additional plans for future employment: _____

Highest level of education completed: _____

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: _____

Describe any plans your spouse may have to enroll in school or complete his/her education: _____

What is your spouse's religious preference? _____

C. GENERAL MARITAL HISTORY:

Date of Marriage: _____

Place of Marriage: _____

(Please provide a marriage certificate)

Are you and your spouse currently living together? ___ Yes ___ No

UCCJEA Information:

List all of the addresses for the children during the last five (5) years. If any child lived with anyone other than you or your spouse, list their name and address.

Husband/Wife/Joint/Custodian :	Address:	Dates Resided with:

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependency or guardianship, concerning custody or visitation of any child subject to this proceeding? ___ No ___ Yes - If Yes, please describe: _____

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding ___ No ___ Yes - If Yes, please describe: _____

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? ___ No ___ Yes - If Yes, please describe: _____

E. PRELIMINARY INFORMATION

What is the condition of your mental and physical health?

Indicate your priorities on the following issues by assigning numbers, with "1" being the highest priority:

- | | |
|--------------------------------|---------------------------|
| ___ Visitation | ___ Child custody |
| ___ Child support | ___ Property distribution |
| ___ Alimony | ___ Attorneys' Fees |
| ___ Restraining abusive spouse | ___ Other |
- (specify): _____

What do you think are your spouse's priorities on the following issues by assigning numbers, with "1" being the highest priority:

- | | | | |
|-----|----------------------------|-----|-----------------------|
| ___ | Visitation | ___ | Child custody |
| ___ | Child support | ___ | Property distribution |
| ___ | Alimony | ___ | Attorneys' Fees |
| ___ | Restraining abusive spouse | ___ | Other (specify): |

Do you wish to have your maiden name restored? _____ If yes, please write your maiden name: _____

What is your ideal outcome? _____

While married, have you ever lived in Nevada, New Mexico, Arizona, Washington, Louisiana, Texas, Idaho, Wisconsin or California? If so, circle the appropriate state(s).

List all real estate owned by street address, indicating ownership and approximate value:

Street Address	Value	Husband/Wife/Joint
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all present bank, savings, money market and credit union accounts.

Bank	Account No.:	Balance	Husband/Wife/Joint
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special contributions that you feel you made to your spouse's career, education or assets.

Other lawyers with whom you have spoken directly to or have met with are:

Name _____ When? _____
Name _____ When? _____

Previous lawyer(s) you have hired are:

Name _____ When? _____
Name _____ When? _____

If so, is the case set for trial? Yes / No. When? _____
Are hearings set? Yes / No. When? _____

Identify any matters you believe require emergency or immediate attention.

Were you referred to our office by someone? ____ If yes, please indicate the name of the referring party: _____

Please attach a copy of your current driver's license.

I represent that the foregoing information is true and correct to the best of my knowledge. I also understand that I am not a client of this office at this time and will not be a client of this office, and the lawyer(s) cannot provide legal advice to me, until there is a written retainer agreement executed by myself and this law office, and any fees required under said retainer have been paid.

Signature

Date

Print Name: _____