

Centracchio Law
Domestic Questionnaire

The following information is needed to properly advise you and prepare your case. Please complete by printing. If a question does not seem to fit your situation, leave it blank. This information will be kept confidential.

Date _____

PERSONAL INFORMATION – CLIENT

Your full name:

(Last) (First) (Middle) (Maiden)

Have you ever been known by any other names? Yes or No If yes, what names?

Your present address (*this is the address you would like confidential mail sent*):

(Number) (Street) (Apt #)

(City) (County) (State) (Zip Code)

Home Phone _____ Cell Phone _____
Work Phone _____ Alternate Phone _____
Which number is the best to contact you at _____

How long have you lived at your present address? _____
How long have you resided in your present county? _____
How long have you resided in Missouri? _____
Do you: ___ own ___ rent ___ live with relatives ___ other?

Your date of birth _____

State of your birth _____

Your Social Security Number _____

What is your highest level of education or degree completed? _____

Do you have any vocational training or licenses related to employment? Yes or No If yes, what?

How many times, including the present marriage have you been married? _____

If you were married before this marriage please provide the following:

Name of prior spouse _____
How did the marriage end? _____
Date the marriage ended? _____
State you were married in? _____

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How did the marriage end? _____
Date the marriage ended? _____
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EMPLOYMENT INFORMATION – CLIENT

Are you currently employed? Yes or No If so please provide the following:

Name of employer _____
Address of employer _____
How long have you been employed here? _____
What is your wage/salary? _____

What is your current job title? _____

If you are not presently employed, when were you last employed? _____

Where? _____

For how long? _____

Ending Wage/Salary _____

Job title _____

Separation date _____

Reason for separation _____

Do you have income for any other source than employment? Yes or No If yes, please explain

PERSONAL INFORMATION – OPPOSING PARTY

Their full name:

(Last) (First) (Middle) (Maiden)

Have they been known by any other names? Yes or No If yes, what names?

Their current address

(Number) (Street) (Apt #) (City)

(County) (State) (Zip Code)

Home Phone _____ Cell Phone _____

Work Phone _____ Alternate Phone _____

How long have they been living at this address? _____

How long have they resided in Missouri? _____

Do they: ___ own ___ rent ___ live with relatives ___ other?

Their date of birth _____

State of their birth _____

Their Social Security Number _____

What is their highest level of education or degree completed? _____

Do they have any vocational training or licenses related to employment? Yes or No If yes, what?

How many times, including the present marriage have they been married? _____

If they were married before this marriage please provide the following:

Name of prior spouse? _____

How did the marriage end? _____

Date the marriage ended? _____

State the marriage ended in? _____

EMPLOYMENT INFORMATION – OPPOSING PARTY

Are they currently employed? Yes or No If so please provide the following:

Name of employer _____

Address of employer _____

How long have they been employed here? _____

What is their wage/salary? _____

What is their job title? _____

If they are not presently employed, when were they last employed? _____
Where? _____
For how long? _____
Ending Wage/Salary _____
Job title _____
Separation date _____
Reason for separation _____

Do they have income for any other source than employment? Yes or No If yes, please explain

MILITARY INFORMATION

Are you or your spouse presently in the military? Yes or No
Have you or your spouse ever served in the military? Yes or No
If so please Who _____ Branch _____ Length of Service _____
Discharge date _____

PRIOR LEGAL PROCEEDINGS

Have you and your spouse ever filed for divorce before? Yes or No If yes,
Where _____
When _____
What happened _____

Have you and your spouse ever had any other domestic case between yourselves? Yes or NO

CHILDREN

Do you and your spouse have children in common? Yes or No
If yes please provide the following information:

Child 1

First Name _____ Middle _____ Last _____
Date of Birth _____ Current Age _____
Was this child born during your marriage? Yes or No Is there any dispute over paternity? Yes or No
Has genetic testing ever been completed? Yes or No Is the father's name on the birth certificate? Yes or No
Who currently has physical custody of this child? _____

Child 2

First Name _____ Middle _____ Last _____
Date of Birth _____ Current Age _____
Was this child born during your marriage? Yes or No Is there any dispute over paternity? Yes or No
Has genetic testing ever been completed? Yes or No Is the father's name on the birth certificate? Yes or No
Who currently has physical custody of this child? _____

Child 3

First Name _____ Middle _____ Last _____
Date of Birth _____ Current Age _____
Was this child born during your marriage? Yes or No Is there any dispute over paternity? Yes or No
Has genetic testing ever been completed? Yes or No Is the father's name on the birth certificate? Yes or No
Who currently has physical custody of this child? _____

Who do you feel is best suited to have custody of the child/ren? _____

Is the opposing party a good parent to the child/ren? _____

Please list all addresses where the child/ren has/have lived in the past (5) five years

My spouse and I have agreed on (circle all that apply) custody visitation child support

Do you anticipate any dispute over custody, visitation or child support? Yes or No

Please describe any agreements or disagreements you and your spouse have discussed regarding the children

Has there ever been any litigation regarding the custody of these children in any state including Missouri? Yes or No If yes please detail:

Child _____ State _____ When _____

Nature of the case _____

Resolution of the case _____

Are any of the children of Native American heritage or subject to the Indian Child Welfare Act?

Yes or No

BASIC PROBLEMS:

Please describe briefly your view of the problems in your marriage

Has your spouse consulted with an attorney regarding this matter? Yes or No

If yes, who _____ Has this attorney been retained? Yes or No

Have you consulted with any other attorneys regarding this matter? Yes or No

If yes, who _____

Do you or your spouse have any physical or mental disabilities? Yes or No If so, detail

How did you become aware of Centracchio Law? _____

I understand that by completing this paperwork and/or consulting with Centracchio Law, do not establish an attorney – client relationship. I understand that until I sign a contract for services and pay the necessary fees, Centracchio Law nor any attorney associated with Centracchio Law represents me in this or any other matter.

I understand that this information is confidential despite my choosing to hire or not hire Centracchio Law.

I understand that additional information will need to be gathered regarding personal property and as well as other information. The information provided is truthful and I agree to provide only truthful information to Centracchio Law.

I understand that Centracchio Law does not litigate or handle contested divorces. If I should hire Centracchio Law regarding a non contested dissolution of marriage and the matter become contested, Centracchio Law will not refund any monies paid, withdraw from the case, and refer you to an attorney that handles contested dissolutions at your cost.

Signed

Date