SMITH AND SMITH
ATTORNEYS AT LAW

NEW CLIENT QUESTIONNAIRE

Please note that all information given is kept strictly confidential and is required to evaluate your case and to process all documents required by the State of Georgia. If there is a question that does not apply to your case, feel free to leave it blank-if we require the information you will be informed.

Thank you for your cooperation.

YOUR INFORMATION

DATE: _____

1. Your full legal name: _____
2. Your Maiden Name: _____,(or, your Wife's Maiden name).
3. Your Date of Birth: _____
4. Your Social Security Number: _____
5. Are your currently Married_____, Single _____, Divorced_____, Separated_____.

6. Your full **PHYSICAL** address: _____

   _____

   _____

   Can we send mail here?: _____Y _____N

   Your full **MAILING** address: _____

   _____

   _____

7. Your contact Numbers:
   a. Home: _____, can we leave a message here?_____
   b. Work: _____, can we leave a message here?_____
   c. Cell/Pager: _____, can we leave a message here?_____
   d. E-Mail: _____, can we leave a message here?_____

8. If you are employed, please list the name and address of your employer below:

_____

_____

_____

9. Is this a new case?, If yes, how did you hear about Smith & Smith? _____

_____

10. If this is not a new case, do you currently have a case/hearing pending or have another attorney working for you at this time. Please explain:

_____

_____

11. If you are **not** seeking a **DIVORCE** at this time, please give a brief explanation for your reason in seeking legal assistance at this time.

a. Modification of : _____

b. Contempt of: _____

c. Restraining Order for: _____

d. Adoption of: _____

f. Legitimation of: _____

g. Name Change for: _____

h. Custody of: _____

i. Other: _____

12. If you are seeking a **DIVORCE**, please also answer the below questions (if **not** seeking a divorce, please proceed to question #14):

a. Is the address stated in question #6 the marital residence?

____YES ____NO

b. If this address is **not** the marital residence, please list it below:

_____

_____

_____

c. Is your husband/wife still in residence at the marital residence?

____YES ____NO

d. If your husband/wife is **not** living at the marital residence, please provide us with his/her current address **(Please make this accurate as we may need this address for service)**:

_____

_____

_____

_____

e. Date of Marriage: _____.

f. Place of Marriage:_____.

g. Date of Separation: _____.

h. Your Spouse's full legal name: _____.

i. Your Spouse's Social Security Number: _____.

j. Your Spouse's Date of Birth: _____.

k. Your Spouse's Employer: _____.

l. Is this your first marriage?: ___YES _____NO

If "NO", what is the number of this marriage? _____ .

Is this your spouse's first marriage?: ____YES ____NO

If "NO", what is the number of this marriage? _____.

m. Do you have children of this marriage? If so, please list their name, date of birth, SSN and where they are residing at this time.

_____

_____

_____

_____

n. Do you have children from a prior marriage? If yes, list their information below.

_____

_____

_____

o. Are you currently paying/receiving child support?

____YES ____NO

If yes, how much are you:

1. Paying per month $_____
2. Receiving per month $ _____

p. What is the reason for divorce, please be brief: (please note any drugs, alcohol, family violence involved)_____

_____

_____

__

Please note that if you are filing for a NON-CONTESTED DIVORCE, the grounds will be IRRECONCILABLE DIFFERENCES.

q. What are your goals or needs in this proceeding.

1. Child Custody: Yes_____ No _____
2. Child Visitation: Yes _____ No _____
3. Child Support: Yes _____ No _____
4. Alimony: Yes _____ No _____
5. Relief from Family Violence Yes_____ No _____

r. Assets from this marriage you are interested in keeping, or feel your are entitled to a portion of:_____

_____

13. Any questions, issues that you need to have the Attorney address during the Initial Consultation which you believe that the Attorney may not bring up: _____

_____

_____

_____

14. Smith & Smith recommends that, upon completion of a legal proceeding, the party involved change/make all the necessary documents needed to secure yourself and your estate, (especially if there are children involved). Should you desire to draw up or reword your Simple Will, POA, and /or your Living Will, Smith and Smith would be very happy to assist you in doing so. Would you like to have Beth Ann discuss these matters (procedures, costs) with you? _____.

I attest that all of the information listed above is true and accurate to the best of my knowledge.

_____

(Signature)

_____

(Date)

NOTE: SHOULD YOU DECIDE NOT TO RETAIN AT THIS TIME, WE WILL KEEP THIS QUESTIONNAIRE ON FILE FOR A PERIOD OF THREE (3) MONTHS FOLLOWING THE APPOINTMENT DATE.
WE WILL ALSO HONOR THE $150.00 CONSULTATION FEE FOR THE SAME PERIOD OF THREE (3) MONTHS.

AFTER THIS PERIOD OF THREE (3) MONTHS YOU WILL BE REQUIRED TO FILL OUT ANOTHER QUESTIONNAIRE AND PAY ANOTHER $150.00 CONSULTATION FEE.

PLEASE NOTE: THIS OFFICE DOES NOT WRITE QUALIFIED DOMESTIC RELATIONS ORDERS (QDRO"S)