

# **DOMESTIC CLIENT QUESTIONNAIRE-ABSOLUTE DIVORCE**

**(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: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
County / State

Date of Separation: \_\_\_\_\_

Separation Agreement Prepared & Signed?  YES Date Signed: \_\_\_\_\_  
 NO

If the answer to the above question is YES, did you bring a copy with you today?  YES  NO

If you are a female, do you wish to resume your maiden or prior name?  YES  NO

If the above answer is YES, what is your maiden or prior name? \_\_\_\_\_

Do you have any specific concerns for today's appointment that need to be addressed during your visit? If so, please list below:

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**SECTION II**

Children's Names:

Date/s of Birth:

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

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

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List any and all debts and how each is held:

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

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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):

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