

CLIENT QUESTIONNAIRE

Basic Questionnaire

The following minimal information requests allow us to begin representing you. Your attorney will request more thorough and complete information by separate questionnaires. Please return this questionnaire with your signed fee agreement and retainer payment. We look forward to working with you!

PERSONAL INFORMATION (CLIENT):

Your full name: _____
(First) (Middle) (Last)

All former names: _____

Birthday: ___ / ___ / ___ Age: _____ Social Security Number: _____ - _____ - _____

Present Address: _____

Where do you want your mail and invoices sent? _____

Phone numbers: Home: _____ Cell: _____

Work: _____ Hours: _____ E-mail: _____

Can we leave a message at the phone numbers listed above? _____

How did you hear about de Beer & Associates? _____

How long have you lived in Minnesota? _____

In which county do you live? _____

Are you in the military? _____ Which branch? _____ Active duty? _____

In the event that this office must reach you on short notice, give the name, address, and telephone number of a person who is most likely to know where to locate you: _____

Relationship to you? _____

PERSONAL INFORMATION (SPOUSE):

Spouse's full name: _____
(First) (Middle) (Last)

All former names: _____

Birthday: ___/___/___ Age: _____ Social Security Number: _____ - _____ - _____

Present Address: _____

Phone numbers: Home: _____ Cell: _____

Work: _____ Hours: _____ E-mail: _____

How long has your spouse lived in Minnesota? _____

In what county? _____

Are they in the military? _____ Which branch? _____ Active duty? _____

PRESENT MARRIAGE INFORMATION:

Date of present marriage: _____ Date of Separation: _____

Place of marriage: _____
(City) (County) (State)

Do you and your spouse own real property? _____ Where? _____

Have you or your spouse ever started a divorce or legal action proceeding before? _____

When? Where? What was the outcome? _____

Has there been an Order for Protection between you and your spouse? _____

Are there any court orders of any type that involve any family member, including children? _____

CHILDREN BORN OR ADOPTED DURING THE MARRIAGE:

Child's Full Name	Birthdate	Age	Living with?	Social Security No.

Are you or your spouse currently pregnant? _____

How long have the children lived in Minnesota? _____

PAYMENT INFORMATION

Do you prefer to pay by credit card? _____

The amount you are authorizing us to charge _____

Type: Visa, MasterCard, American Express, Discover

Number: _____

Expiration Date: _____

House Number & Zip Code _____

Thank you for completing this questionnaire. It is essential to starting representation. Again, we look forward to working for you.