

Sidweber & Weintraub, P.A.

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Family Law Attorneys



Florida Bar Board Certified, Marital & Family Law
Fellow, American Academy of Matrimonial Lawyers
Florida Supreme Court Certified Family Law Mediator

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Florida Bar Board Certified, Marital & Family Law

NEW CLIENT QUESTIONNAIRE

Who referred you to our office? _____

YOUR INFORMATION

Name: _____ Today's Date: _____

Reason for your consultation: _____

Maiden Name: _____ Number of Marriage(s): _____

Do you want your maiden name restored? yes no

Home Address: _____ County: _____
Years lived at: _____

Mailing Address: Home Work Other

If other, please specify: _____
(Street) (City) (State) (Zip)

Phone Numbers: (Check the best number where, if necessary, we can leave a message)

Home _____ Work _____
 Cell _____ Fax _____

Email Address (if secure): _____

Date of Birth: _____ S.S. #: _____

Highest Level of Education: _____

Are you employed? yes no

Employer: _____ Salary/Income _____
Address: _____ Position: _____
Time at Employer: _____

At what address do you wish to receive mail from us: _____

Please provide an emergency contact number: _____

(EX-) SPOUSE'S INFORMATION

Name: _____

Maiden Name: _____ Number of Marriage(s): _____

Current Service Address: _____ County: _____

Years Lived at: _____

Phone Numbers: Home: _____ Work: _____
Cell: _____ Fax: _____

Date of Birth: _____ S.S. No.: _____

Highest Level of Education: _____

Is your spouse employed? Yes No

Employer: _____ Salary/Income: _____

Address: _____ Position: _____
_____ How Long? _____

GENERAL INFORMATION

Are you and your spouse living together now? Yes No

Check Type of Matter: Divorce Modification Contempt Other: _____

Date of Marriage: _____

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

Date of Separation/Divorce: _____

Do you anticipate a dispute about custody of the children? Yes No

If you and/or your spouse have been married before, please list the names of prior spouse(s) and how the prior marriage(s) ended: _____

MARITAL RESIDENCE

What is the address of the marital residence? _____

Please list the addresses of any other real estate: _____

MINOR CHILDREN

Name:	Date of Birth:	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address at which the children have lived for the past five (5) years and with whom they have lived:

Address:	With Whom:
_____	_____
_____	_____
_____	_____

Have you participated as a party, witness, or in any other capacity in any litigation concerning the custody of your children, in this or any other state? Yes No

If yes, please explain: _____

Do you have any information of any custody proceeding concerning your children currently pending any court of this state or any other state? Yes No

If yes, please explain: _____

PRIOR PROCEEDINGS AND RECONCILIATION

Have there been any legal or other proceedings between you and your spouse? Yes No

If so, please identify: _____

Are there any existing court orders regarding yourself, your spouse, or your children?

If yes, please explain: _____

Are you interested in reconciliation? Yes No

Is your spouse? Yes No

Have you tried marriage counseling? Yes No

If yes, please provide the names of the counselor(s) and the dates that you attended counseling:

OTHER

Has your spouse consulted an attorney regarding this matter: Yes No

If so, please provide the name and address of the attorney: _____

Have you signed anything which may affect this case, including prenuptial or postnuptial agreement(s), or other documents presented by your spouse? Yes No

If yes, please describe the document(s): _____

