

**TINDALL ENGLAND PC**  
**CONFIDENTIAL FAMILY LAW QUESTIONNAIRE**

Date: \_\_\_\_\_

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of your family law matter. All information will be held in strict confidence.

**PERSONAL DATA:**

1. Please give your **full** name, date and place of birth:

- a. Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)
- b. Date of Birth: \_\_\_\_\_
- c. Place of Birth: \_\_\_\_\_

2. Where are you living now and what is your telephone number?

- a. Street Address: \_\_\_\_\_
- b. City, State & Zip: \_\_\_\_\_
- c. Residence telephone number: \_\_\_\_\_

3. Please complete the following concerning your employment:

- a. Employer: \_\_\_\_\_ Job Title \_\_\_\_\_
- b. Street Address: \_\_\_\_\_
- c. City, State & Zip: \_\_\_\_\_
- d. Telephone Number: \_\_\_\_\_
- e. Fax Number: \_\_\_\_\_
- e. Length of Employment: \_\_\_\_\_
- f. Gross Salary per month or annually: \_\_\_\_\_
- g. Education: \_\_\_\_\_

**PRESENT MARRIAGE:**

4. Information regarding your present spouse:

- a. Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)
- b. Date of Marriage to present spouse: \_\_\_\_\_
- c. Present spouse's employer: \_\_\_\_\_
- d. Present spouse's Work Number: \_\_\_\_\_

5. Please give **full** name, date of birth, place of birth, and sex of each child in this matter:

Name & Sex (M/F)	Date and Place of Birth
a. _____	_____
b. _____	_____
c. _____	_____

6. Please complete the following information, as known, concerning the biological parents of the children:

Name of Mother: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employment: \_\_\_\_\_

Name of Father: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employment: \_\_\_\_\_

7. With whom do the children in this matter reside? \_\_\_\_\_

8. Are there any court orders involving these children? \_\_\_\_\_

If yes, please state the court number and title of the order: \_\_\_\_\_  
\_\_\_\_\_

9. At what address do you wish to receive mail from this office?

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

10. Who referred you to this office? \_\_\_\_\_

I understand that there will be an initial consultation fee equal to the hourly rate for the attorney with whom I am consulting. This consultation fee is to be paid on the same date as the consultation.

\_\_\_\_\_  
(Your Signature)