Internal Office
Date of Initial Mtg
Conflict Check
Photo ID
Consultation Fee
Retainer Quoted
·

FAMILY LAW QUESTIONNAIRE

Not all may apply, complete information that you know

NAME							
FIRST	MIDDLE	MAIDEN	LAST				
ADDRESS							
Street	City	State	Zip Code				
CELL PHONE	HOME PHONE						
BUSINESS PHONE	EMAIL						
WHAT IS YOUR PREFEI	RRED METHOD OF CO	OMMUNICATION					
EMAIL	TELEPHONE	MAIL					
OCCUPATION							
EMPLOYER							
INCOME							
INCOME SOCIAL SECURITY #							
DATE OF BIRTH							
PLACE OF BIRTH							
PLACE OF BIRTH	TY	STATE					
RACE	NUMBER	OF MARRIAGES_					
DATE OF MARRIAGE (
COUNTY & STATE OF N	MARRIAGE						
DATE OF SEPARATION	(If applicable)						
DATE OF DIVORCE (If a	applicable)						
NUMBER OF CHILDRE	N						
CHILDREN'S NAMES, D THIS MARRIAGE	ATES OF BIRTH, & SO	OCIAL SECURITY	NUMBERS FROM				

OPPOSING N	IAME				
	First	Middle	Maiden	Last	
ADDRESS	Street		City	State	Zip Code
CELL PHON	E		_BUSINESS PI	HONE	
OCCUPATIO	N				
EMPLOYER_					
NCOME					
SOCIAL SEC	URITY#				
DATE OF BII		DAY YEAR	PLACE C	OF BIRTH	
RACE		NUMBER ()F MARRIAGE	S OF SPOUSE_	
			TY AND STAT		D YOUR SPOUSE
DO YOU WA	NT CUSTOD	Y OF THE MI	NOR CHILDRE	EN?	
(IF WIFE) DO) YOU WANT	T TO RESUME	YOUR MAIDE	EN NAME?	
HOW LONG	HAVE YOU	LIVED IN SOU	TH CAROLINA	A?	
I HEARD AF	BOUT MELIS	SA FRANKLI	N BY (Circle all	that apply):	
Friend	Another Atte	orney	Yellow Pages	Internet	t Other
	stance or any			contact with Vick nson, Johnson, V	

If YES, please explain._____

PLEASE PROVIDE YOUR DRIVER'S LICENSE OR PICTURE ID UPON COMPLETION OF THIS FORM.