

DANA H. HANKINS, P.A.
ATTORNEY AT LAW

INITIAL INTAKE QUESTIONNAIRE

Please complete the following questionnaire. This information will assist us in conducting our conference. When you are finished, please return it to my legal assistant.

Date: _____

INFORMATION ABOUT YOU:

Your Name

(Last) (Middle) (First) (Maiden)

To your knowledge, have you or any members of your family, including your spouse, ever consulted with our firm? If so, state the person's full name, date of consultation, and the reason for the consultation.

Your Social Security Number: _____

Your Drivers License Number: _____ State: _____

Your Occupation _____

Employer: _____

Work Address: _____

2. Your Present Residence Address:

Street Address Apt. No.

City County State Zip

3. Date you came to Florida to permanently reside: _____

4. Telephone Numbers: Residence _____ Work _____ Ext. _____
Cell phone _____ Pager _____

5. E-Mail Address: _____

* **If you list a work e-mail address or other non-private e-mail address, please initial in the margin to confirm a confidentiality waiver with regard to ALL communications at this e-mail address.**

6. Where do you prefer your mail to be sent and where do you prefer to receive phone calls?

Address

Telephone

7. Your date of birth: _____ Age: _____

8. If you have taken a married name, do you wish to restore your maiden name? _____ If so, what is the legal name you want restored?

(Last)

(Middle)

(First)

If you wish to restore your maiden name, please answer each of the following questions (circle):

A. Have you ever been adjudicated bankrupt? Yes or no.

B. Have you ever had a money judgment entered against you? Yes or no.

C. Is your request for a name change for any ulterior or illegal purpose? Yes or no.

D. Will granting your request for a name change in any manner invade the property rights of others? Yes or no.

E. I have not been generally known or called by any other names except for my maiden name. True or false.

INFORMATION ABOUT YOUR SPOUSE:

9. Your Spouse's Name: _____

(Last) (Middle) (First) (Maiden)

Your Spouse's Social Security Number: _____

Your Spouse's Drivers License Number: _____ State: _____

Your Spouse's Occupation: _____

Your Spouse's Employer: _____

Your Spouse's Work Address: _____

Your Spouse's Work Hours: _____

Name of Your Spouse's Attorney: _____

10. Your Spouse's Present Address:

Street Address Apt. No.

City County State Zip

Home telephone number Work telephone number Ext. _____

11. Your Spouse's Date of Birth: _____ Age _____

Please describe your spouse for service of process purposes. If you have already been served papers in this action, please disregard this portion.

Height _____ Hair color _____ Eye color _____
Weight _____ Hair length _____ Glasses or contacts (circle)
Build _____ Wavy, curly or straight (circle)
Mustache, beard, sideburns (circle)

INFORMATION ABOUT **MINOR** CHILDREN OF THIS MARRIAGE:

12. Names, dates and places of birth, ages, Social Security numbers, and grade of each minor child of this marriage:

(Skip to #20 if your children are adults)

Name: _____ DOB _____ Place of Birth _____
Age _____ SS# _____ Grade in school _____
Expected year of high school graduation: _____

Name: _____ DOB _____ Place of Birth _____
Age _____ SS# _____ Grade in school _____
Expected year of high school graduation: _____

Name: _____ DOB _____ Place of Birth _____
Age _____ SS# _____ Grade in school _____
Expected year of high school graduation: _____

13. Do your children attend school? Where? If private, what is the monthly cost?

14. If any of your children attend daycare or after school care, what is the monthly cost?

15. Are any of your children covered under a medical, dental or vision insurance policy? If so, what company? What is the monthly cost? _____

16. Do any of your children have special educational, physical or emotional needs? If so, please describe. _____

17. If you have participated as a party, witness or in any other capacity in any litigation concerning the custody or time-sharing of the children, before now, describe that litigation in full as follows:

City, County, and State where litigation took place

Do you have copies of the Court papers/Orders? _____

18. Set forth the places where each child has lived within the past FIVE (5) years and the names of the persons with whom each child lived during that period. **START WITH THE CHILDREN'S PRESENT ADDRESS AND WORK BACKWARDS FIVE (5) YEARS.**

From _____ to PRESENT

Names of children: _____

Resided with: _____

Address: _____

From _____ to _____

Names of children: _____

Resided with: _____

Address: _____

From _____ to _____

Names of children: _____

Resided with: _____

Address: _____

From _____ to _____

Names of children: _____

Resided with: _____

Address: _____

IF YOU NEED MORE ROOM, COMPLETE ON THE BACK OF THIS PAGE.

19. With whom do you believe the child(ren) should primarily reside? _____

INFORMATION ABOUT THE MARRIAGE:

20. Date you were married: _____ Total years: _____

21. Where were you married?: _____
City County State

22. If you are separated at this time, date of the separation: _____

23. Do you believe your marriage is irretrievably broken? _____

If so, briefly state why. (YOU MUST BE SPECIFIC)

24. Have you and/or your spouse sought marriage counseling in an effort to save your marriage?

INFORMATION ON REAL AND PERSONAL PROPERTY:

25. Do you reside in a (check one)

- house you own _____
- house you rent _____
- apartment, condo, or townhouse you own _____
- apartment, condo, or townhouse you rent _____

26. If you own your residence, answer the following:

How is title held/What names appear on the Deed? _____
What is the approximate balance due on the mortgage? _____
What is the approximate fair market value of the home? _____
Has the home been recently appraised? _____

27. Do you own any real property other than your residence? _____ If so, briefly describe:

28. Describe the car that you drive:

Make	Model	Year	Tag No.	Color	Name on Title
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Do you owe any money on this car? _____

Describe the car your spouse drives:

Make	Model	Year	Tag No.	Color	Name on Title
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Do you owe any money on this car? _____

GENERAL INFORMATION:

29. State the name and address of the person who referred you to our office.

30. How do you anticipate paying for this dissolution proceeding? (check one)

Cash
 Check
 Credit Card

\$ _____ Retainer, plus
\$ 250.00 One time administrative fee
\$ _____ Total