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**NEW DOMESTIC CLIENT QUESTIONNAIRE**

**YOUR INFORMATION**

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Reason for your consultation: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Number of Marriage(s): \_\_\_\_\_

If married, 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, Attorney can leave a message)

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

Email Address (Personal, Not Employer): \_\_\_\_\_

Please do not share the password for this e-mail address, as we will be sending you correspondence regarding your case. E-mails sent to you on our behalf are covered under attorney-client privilege unless they are accessed by a third party.

Date of Birth: \_\_\_\_\_

S.S. #: \_\_\_\_\_

Highest level of Education: \_\_\_\_\_

Are you employed?  Yes  No

Employer: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Time at Employer: \_\_\_\_\_

**SPOUSE/OPPOSING PARTY'S INFORMATION (EX-SPOUSE IF MODIFICATION/CONTEMPT)**

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. #: \_\_\_\_\_

Highest level of Education: \_\_\_\_\_

Is your spouse employed?  Yes  No

Employer: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

How long? \_\_\_\_\_

**GENERAL INFORMATION**

Are you and your spouse/opposing party living together now?  Yes  No

When was the last time you had sexual relations with your spouse? \_\_\_\_\_

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: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 in any court of this state or any other state?  Yes  No

If yes, please explain: \_\_\_\_\_

What are the daycare expenses per week per child? \_\_\_\_\_

Who pays these daycare expenses? \_\_\_\_\_

Are there any other child care expenses per week?  Yes  No

If yes, please explain and identify who pays these expenses: \_\_\_\_\_

\_\_\_\_\_

Is there currently medical insurance coverage for the children?  Yes  No  
If yes, please list who provides the insurance, who pays for the insurance, the carrier, and monthly cost for the children's coverage only:

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Are there any extraordinary medical expenses of the children?  Yes  No  
If yes, please explain: \_\_\_\_\_

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Are there any extracurricular expenses for the children?  Yes  No  
If yes, please explain: \_\_\_\_\_

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**PRIOR PROCEEDINGS AND RECONCILIATION**

Have there been any legal other proceedings between you and your spouse?  Yes  No  
If so, please identify: \_\_\_\_\_

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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:

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**OTHER**

Has your spouse consulted an attorney regarding this matter?  Yes  No  
If yes, 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):

**CUSTODY/VISITATION/SUPPORT**

If you are separated, what is the custody, visitation, and child support schedule you have been following?  
Custody:  
Visitation:  
Child Support:  
If you are not separated:  
Do you desire custody?  Yes  No  
If yes, please specify:

**ALIMONY**

Do you desire alimony?  Yes  No  
If yes, for what purpose?

**REPRESENTATION**

Have you consulted with another attorney regarding this matter?  Yes  No  
If yes, please list the attorney(s): \_\_\_\_\_