



BRETT ROGERS, ESQ.

BrettRogers@aol.com
BrettRogersESQ.com

MIKA GONZALEZ

Legal Secretary

A PROFESSIONAL ASSOCIATION

700 South Andrews Avenue,
Fort Lauderdale, Florida 33316

Telephone: (954) 764-2605

Facsimile: (954) 764-5101

Confidential Questionnaire - Post Family Matter

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 the personal aspects of your case. All information will be held in strict confidence.

I. Your Personal Information

- a) Name (first, middle & last) _____.
- b) Date of birth _____ Place of birth _____.
- c) Social Security Number _____.
- d) Current address _____
_____.

Do you wish to have your mail from this office sent to a different address? If so, please list the address:

_____.

- e) Telephone numbers where we may reach you: Office _____.
- Home _____.
- Fax _____.
- Cellphone _____.

f) If you wish to correspond via e-mail, please give your e-mail address:

_____.

Residency Information:

a) How long have you lived in the State of Florida? _____.

b) Please list other residential addresses during the past five (5) years and the dates you resided at that residence.

_____.

_____.

_____.

c) What is your State of Florida driver's license number: _____.

What is the date the license was issued: _____.

Education:

a) Highest degree of education _____.

Employment

a) Employer _____.

b) Address _____.

_____.

c) What is your job title _____.

d) Gross Salary (annual) _____.

e) Other sources of income (explain) _____.

f) Average monthly income from other sources _____.

II. Information on Other Parent

a) Name (first, middle & last) _____.

b) Maiden/Former Name _____.

c) Current address _____.

_____.

- d) Date of birth _____ Place of birth _____.
- e) Social Security Number _____.
- f) Telephone numbers: Office _____.
Home _____ Cell _____.

Residency Information:

- a) How long have he/she lived in the State of Florida? _____.
- b) Please list other residential addresses during the past five (5) years and the dates resided at that residence.

_____.

Education:

- a) Highest degree of education _____.

Employment

- a) Employer _____.
- b) Address _____
_____.
- c) What is his/her job title _____.
- d) Gross Salary (annual) _____.
- e) Other sources of income (explain) _____.
- f) Average monthly income from other sources _____.

III. Relationship and Separation

- a) Nature of Relationship (e.g., ex-boyfriend/ex-girlfriend; or ex-husband/ex-wife)
_____.
- b) If lived together, for how long? _____.
- c) Give an approximate date of separation _____.
- d) Have there been prior separations? _____.
- e) If divorced, date of final judgment? _____.
(Please bring copies of all related documents.) Who was your prior attorney? _____.
- f) Has he/she ever been charged with a crime? _____.
Have you ever been charged with a crime? _____.
- g) Have there been prior court proceedings between you and him/her? _____.
(Please bring copies of all related documents.) Who was your prior attorney? _____.
- h) How long have you and he/she been having difficulties? _____.
- I) Have you and/or he/she tried counseling? _____ If so, who went, for how long and to whom? _____.
- j) Do you want counseling for yourself, for him/her, or for both of you? _____.

IV. Children

- a) How many children were born of this relationship? _____.
- b) Please give full name, date of birth, place of birth, and sex of each child. If there are any children by a previous marriage or relationship, please indicate.

| Name and Social Security Number | Sex | Date of Birth | Place of Birth |
|---------------------------------|-----|---------------|----------------|
| _____ | ___ | _____ | _____. |
| _____ | ___ | _____ | _____. |
| _____ | ___ | _____ | _____. |

- c) Where are the children living at this time? _____.
- d) List all residence addresses for the children during the past five (5) years; dates they lived at that

residence; and with whom they resided.

| Address | Dates at that address | With whom they resided |
|---------|-----------------------|------------------------|
| _____ | _____ | _____. |
| _____ | _____ | _____. |
| _____ | _____ | _____. |

e) List all property, if any, owned by children.

_____.

_____.

V. Miscellaneous

a) What is the condition of your mental health? _____.

What is the condition of your physical health? _____.

b) Were you referred to this office by someone? _____.

If so, who referred you? _____.

I represent that the foregoing information is true and correct to the best of my knowledge.

Date: _____

Client Signature