

DOMESTIC RELATIONS QUESTIONNAIRE

(Please Print Clearly)

Client Name _____ Date _____

Telephone Number _____

PLAINTIFF'S INFORMATION:

Name (Last, First, Middle) _____

Alias _____ Mother's name (if not Plaintiff) _____

Address _____

City _____ State _____ Zip Code _____ County _____

S.S. # _____ DOB ____ / ____ / ____ Telephone No. (____)

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

Email Address _____

Mother's Maiden Name _____

Father's Name _____

City, State and Country of Birth _____

Plaintiff's Attorney _____

Plaintiff's Attorney Address _____

Employer Name _____ Net Pay \$ _____ Per _____

Employer Address _____

Employer Telephone No. (____)

Medical Insurance Carrier Name _____ Policy No. _____

Medical Insurance Carrier Address _____

Medical Insurance Carrier Telephone No. (____)

Marital Status with respect to Defendant ___ Divorced ___ Married ___ Separated ___ Single

Date Married ____ / ____ / ____ Separated ____ / ____ / ____ Divorced ____ / ____ / ____

Place of Marriage _____ Place of Divorce _____

Address of Last Marital Domicile _____

Relative or Friend Name _____ Relationship _____
Relative or Friend Address _____
Relative or Friend Telephone No. (_____) _____

CHILDREN'S INFORMATION

1. Name (Last, First, Middle) _____ S.S. No. _____ DOB _____ AGE _____ SEX _____ PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

2. Name (Last, First, Middle) _____ S.S. No. _____ DOB _____ AGE _____ SEX _____ PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

3. Name (Last, First, Middle) _____ S.S. No. _____ DOB _____ AGE _____ SEX _____ PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

4. Name (Last, First, Middle) _____ S.S. No. _____ DOB _____ AGE _____ SEX _____ PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

5. Name (Last, First, Middle) _____ S.S. No. _____ DOB _____ AGE _____ SEX _____ PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

6. Name (Last, First, Middle) _____ S.S. No. _____ DOB _____ AGE _____ SEX _____ PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

DEFENDANT'S INFORMATION

Name (Last, First, Middle) _____

Maiden Name/Alias _____

Address _____

City _____ State _____ Zip Code _____ County _____

S.S. No. _____ DOB ____ / ____ / ____ Telephone No. (____) _____

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

Email Address _____

Mother's Maiden Name _____

Father's Name _____

