

**LAW OFFICE OF CHERYL BUCKER, P.A.**

**CLIENT QUESTIONNAIRE**

1. Answer all questions completely. If a particular question does not apply, enter "n/a".
2. **CONFIDENTIALITY.** The information you enter in this questionnaire is confidential and protected by Attorney-Client privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

**Date:** \_\_\_\_\_ **How did you hear about this office?** \_\_\_\_\_

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How long have you resided in FL?** \_\_\_\_\_

**How long has the other party resided in FL?** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
(Email is our primary method of communicating with you)

**Soc. Sec. No.:** \_\_\_\_\_ **Maiden Name Restored?** \_\_\_\_\_

**Are you or your spouse in the military? Have you or your spouse been in the military?**  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Length of employment:** \_\_\_\_\_

**Income (monthly/yearly/over-time/commission/bonuses):** \_\_\_\_\_

**Health Insurance (who carries):** \_\_\_\_\_

**Health Insurance Cost (individual/family/children):** \_\_\_\_\_

## OPPOSING PARTY'S INFORMATION

Spouse or Opposing Party's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Income (monthly/yearly/over-time/commission/bonuses): \_\_\_\_\_

## CHILDREN'S INFORMATION

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Resides with: \_\_\_\_\_ Where? \_\_\_\_\_

Addresses going back 5 years:

Dates (from/to)	Address (city, state zip)	Name and present address of person child lived with	Relationship to Child

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Resides with: \_\_\_\_\_ Where? \_\_\_\_\_

Addresses going back 5 years:

Dates (from/to)	Address (city, state zip)	Name and present address of person child lived with	Relationship to Child

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Resides with: \_\_\_\_\_ Where? \_\_\_\_\_

Addresses going back 5 years:

Dates (from/to)	Address (city, state zip)	Name and present address of person child lived with	Relationship to Child

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Resides with: \_\_\_\_\_ Where? \_\_\_\_\_

Addresses going back 5 years:

Dates (from/to)	Address (city, state zip)	Name and present address of person child lived with	Relationship to Child

Does your child have special needs? \_\_\_\_\_

Do you support any other children? \_\_\_\_\_

If so, how much is your child support obligation? \_\_\_\_\_

Is there currently a child support order for the children listed above? \_\_\_\_\_

If so, how much is your child support obligation? \_\_\_\_\_

**MARITAL INFORMATION**

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Marital Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own or Rent? (circle one) Fair Market Value: \_\_\_\_\_

Bank/Fin. Institution that holds Mortgage: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Outstanding Balance: \_\_\_\_\_

Bank/Fin. Institution that holds Second Mortgage/Equity Line? \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Outstanding Balance: \_\_\_\_\_

**OTHER MARITAL ASSETS**

Assets acquired during the marriage regardless of whether they are titled in only one party's name

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

Checking Account(s): \_\_\_\_\_

Savings Account(s): \_\_\_\_\_

**BROKERAGE OR RETIREMENT ACCTS/IRA/401K/PENSION/STOCK/ETC.**

Husband: \_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

Other Real Estate: \_\_\_\_\_

\_\_\_\_\_

**PRE OR NON-MARITAL ASSETS**

Assets acquired before the marriage or inherited and kept separate after the marriage

Husband: \_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

**AUTOMOBILES**

Husband: Make/Model/Year: \_\_\_\_\_ FMV: \_\_\_\_\_ Loan: \_\_\_\_\_

Wife: Make/Model/Year: \_\_\_\_\_ FMV: \_\_\_\_\_ Loan: \_\_\_\_\_

**MARITAL DEBTS/LIABILITIES:**

Debts acquired during the marriage regardless of whether they are titled in only one party's name

**Credit Cards:** \_\_\_\_\_

\_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

**PRE OR NON-MARITAL DEBT:**

Debts acquired before the marriage, i.e. student loans, credit card debt, IRS judgments

**Husband:** \_\_\_\_\_

\_\_\_\_\_

**Wife:** \_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Disclaimer:** The information you obtain at this site is not, nor is it intended to be, legal advice. You should consult an attorney for advice regarding your individual situation. We invite you to contact us and welcome your calls, letters and electronic mail. Contacting us does not create an attorney-client relationship. Please do not send any confidential information to us until such time as an attorney-client relationship has been established.*

I have read the disclaimer. (The use of the Internet or this form for communication with the firm or any individual member of the firm does not establish an attorney-client relationship. Confidential or time-sensitive information should not be sent through this form)