

Rainwater & Harpe, LLP

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QUESTIONNAIRE

PERSONAL INFORMATION

Date you completed this form: _____

Name: _____

Maiden Name: _____

Date of Birth: _____

Social Security No.: _____

Home Address: _____
(Street) (City) (State) (Zip)

County of Home Address: _____ Lived at Address Since: _____

Work Address: _____
(Street) (City) (State) (Zip)

Please circle mailing address: **Home Work Other.**

If "Other" address is selected, please list the address below:

(Street) (City) (State) (Zip)

Contact Information:

Work Phone: _____ Home Phone: _____

Fax No.: _____ Cell Phone: _____

Email Address: _____

Please list below any directions or restrictions in contacting you:

| | |
|--------------------------|------------|
| For Office Use: | Attorney: |
| Entered in Contacts: Y N | Associate: |
| Open File: Y N | |

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|--|--|
| | |
|--|--|

INFORMATION ON SPOUSE:

Name: _____ Maiden Name: _____

Date of Birth: _____ Social Security No.: _____

Home Address: _____
(Street) (City) (State) (Zip)

County of Home Address: _____ Lived at Address Since: _____

Work Phone: _____ Home Phone: _____

Fax No.: _____ Cell Phone: _____

REASON FOR CONSULTATION: _____

MARRIAGE HISTORY:

Date of Marriage: _____

Place: _____
(City) (County) (State)

Number of this marriage for you: _____ Number of this marriage for your spouse: _____

Are you and your spouse living together now (Circle one)? Yes No. Date of separation: _____

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

INFORMATION ABOUT YOUR CHILDREN:

| Name | Date of Birth | Living With | Social Security No. |
|------|---------------|-------------|---------------------|
|------|---------------|-------------|---------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Addresses at which the children have lived for the past five years and with whom they lived:

Do you anticipate a dispute about custody of the children? **Yes No** (Circle One).

If so, do you request joint or sole custody? _____.

INFORMATION ABOUT YOUR EMPLOYMENT:

Are you employed? **Yes No** (Circle One).

Name of Employer: _____ Job Title: _____

Employed Since: _____ Salary: _____

Please list below any educational and vocational training after high school:

| Institution | Dates of Attendance | Degree/Certificate |
|--------------------|----------------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

INFORMATION ABOUT YOUR SPOUSE’S EMPLOYMENT:

Is your spouse employed? **Yes No** (Circle One).

Name of Employer: _____ Job Title: _____

Address of Employer: _____

Employed Since: _____ Salary: _____

Please list below any educational and vocational training after high school:

| Institution | Dates of Attendance | Degree/Certificate |
|--------------------|----------------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

INFORMATION ABOUT PRIOR MARRIAGES:

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:

PRIOR PROCEEDINGS

Have there been any legal or other proceedings between you and your spouse? **Yes No** (Circle One).

RECONCILIATION:

Are you interested in reconciliation? **Yes No** (Circle One). Does your spouse, as far as you know? **Yes No**.

Have you tried marriage counseling? **Yes No** (Circle One).

If so, please provided the names of the counselor(s) and the dates you attended counseling sessions:

OTHER:

Has your spouse consulted an attorney regarding this matter? **Yes No** (Circle One).

Name and address of attorney, if known:_____

Will you be requesting alimony in this action? **Yes No** (Circle One).

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 so, please describe the document:_____

THANK YOU