

# KRUEGER & MILLER

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## Family Law Questionnaire © 2011

**PLEASE NOTE: Until and unless the client and the attorney sign an Engagement Agreement, there is NO attorney-client relationship, and Krueger & Miller has NO obligation to you.**

Today's date

### I. YOUR INFORMATION:

Full Name

Home Number

Work Number

Mobile Number

Address

City  State  Zip Code

Country

E-mail

Date of birth  Age  State of birth

Employer: Name  Address

Position  Length of employment

Annual Gross Income \$

Social Security No.  Driver's License No.

## II. OPPOSING PARTY

Full Name

Home Number

Mobile Number

Work Number

Address

City  State  Zip Code

Country

E-mail

Date of birth  Age  State of birth

Employer  Position

Annual Gross Income \$  Length of employment

Social Security No.  Driver's License No.

## III. MARRIAGE INFORMATION

Date of marriage  Years married

City, County & State of marriage

Date of seperation  Date of divorce

City, County & State of divorce

Maiden name

IV. CHILDREN

Name	<input type="text"/>	Date of birth	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>	Age	<input type="text"/>

V. MISCELLANEOUS

If you or anyone in your household is involved in another case, list the county, state and case number

Who referred you to us? If you found us on the Internet, provide web site you used.

Please check the box if you authorize us to send you the following by e-mail:

Invoices

Correspondence

THANK YOU!