

The Halberg Law Firm

Family Law

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CONFIDENTIAL CLIENT QUESTIONNAIRE

OUR INITIAL CONSULTATION FEE IS \$400.00 FOR THE HOUR

Please provide the consultation fee at the time this form is filled out if you are here for a consultation rather than to retain the firm to represent you in your case.

Leave any items blank that do not pertain to your case.

PERSONAL INFORMATION

Date you completed this form: _____

Name: _____ Maiden Name: _____

Date of Birth: _____

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.: _____ Cell Phone: _____

Email Address: _____

Emergency contact name and phone _____

Please list below any directions or restrictions in contacting you:

REASON FOR CONSULTATION: _____

HOW DID YOU FIND US: Internet _____ Referral _____ Other _____

Have you consulted with any other attorneys regarding this matter, if so whom? _____

INFORMATION ON SPOUSE/FORMER SPOUSE OTHER PARENT

Name: _____ Maiden Name: _____

Date of Birth: _____

ANSWER IF DIFFERENT FROM YOUR INFORMATION:

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

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

Work Phone: _____ Home Phone: _____

Fax : _____ Cell Phone: _____

MARRIAGE HISTORY

Date of Marriage: _____ Date of Divorce if applicable: _____

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: _____

Approximate date of the last time you had sexual relations with your spouse? _____

INFORMATION ABOUT YOUR CHILDREN

Name

Date of Birth

Living With

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 physical custody? _____

Do any of your children have either any physical or mental limitations such as (ADHD, Autism, learning disorder or physical handicap)

**Has your spouse ever been physically violent toward you? If so: Were the police called _____
Was a Temporary Protective Order issued? _____**

During the course of your marriage has your spouse given you a sexually transmitted disease, if yes, what disease and the approximate date it was discovered and were treated? _____

Has your spouse required you to perform any sexual acts that you find humiliating or belittling?

INFORMATION ABOUT YOUR EMPLOYMENT

Are you employed? **Yes** ____ **No** ____ (Check One)

Name of Employer: _____ Job Title: _____

Employed Since: _____ Yearly Compensation: _____

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

Institution	Dates of Attendance	Degree/Certificate

INFORMATION ABOUT YOUR SPOUSE’S OR FORMER SPOUSE’S EMPLOYMENT

Is your spouse employed? **Yes** ___ **No** ____ (Check One).

Name of Employer: _____ Job Title: _____

Address of Employer: _____

Employed Since: _____ Yearly Compensation: _____

Please list below your spouse’s or former spouse’s 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 LEGAL PROCEEDINGS

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

DOMESTIC VIOLENCE has either party been physically abusive to the other party? If so when, is there a Temporary Protective Order in place _____

Was a police report made, if so what county or city? _____

ASSETS

Briefly list all major assets owned by you and your spouse with approximate value of each.

Equity in Home _____

Bank Accounts _____

Brokerage Accounts _____

Retirement Accounts _____

Automobiles _____

MARITAL AGREEMENTS

Is there a prenuptial or postnuptial agreement? Yes No If so when was it signed and do you have a copy with you?

RECONCILIATION

Are you interested in reconciliation? **Yes** ___ **No** ___ (Check one). Does your spouse, as far as you know? **Yes** ___ **No** ___

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

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

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

Name and address of attorney, if known:

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

Our representation does not begin until we receive a retainer and executed engagement agreement.

**PLEASE PROVIDE THE \$400.00 CONSULTATION FEE
AT THE TIME THIS FORM IS FILLED OUT.**

We are unable to provide complimentary consultations under any circumstance.

THANK YOU

CLIENT ACKNOWLEDGMENT

You intend to pay your retainer by **Check** _____ **Cash** _____ **Credit Card** _____