

*The Halberg Law Firm
Family Law*

City Walk

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CONFIDENTIAL CLIENT QUESTIONNAIRE

Our initial consultation fee is \$350 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 for 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: _____

Please list below any directions or restrictions in contacting you:

REASON FOR CONSULTATION: _____

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

INFORMATION ON SPOUSE OR FORMER SPOUSE

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: _____

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)

INFORMATION ABOUT YOUR EMPLOYMENT

Are you employed? **Yes No** (Circle 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
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INFORMATION ABOUT YOUR SPOUSE’S OR FORMER SPOUSE’S EMPLOYMENT

Is your spouse employed? **Yes No** (Circle 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
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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

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

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

Name and address of attorney, if known:

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

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

Please provide the \$350 consultation fee at the time this form is filled out. We do not provide complimentary consultations under any circumstance.

THANK YOU

CLIENT ACKNOWLEDGMENT

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