



THE THOMAS SMITH FIRM, P.C.

FAMILY INTAKE QUESTIONNAIRE

Referred by: _____ Today's Date: _____

Please review and complete this questionnaire to prepare for your family law consultation:

CLIENT INFORMATION

Your full legal name: _____

Pronouns: _____ Honorific: Mr. Mrs. Ms. Mx. Dr. (circle)

Phone Number: _____ Email: _____

Home address: _____

Do you prefer to be contacted by Email or US Mail? _____

Do you have access to a printer and/or scanner? Y or N (circle)

Date of Birth: _____ City & State of Birth: _____

How many years lived in PA: _____ Social Security No: _____

Maiden name _____

Present Employer: _____ Length of Employment: _____

Salary: _____ Position/Title: _____

Work Address: _____

Emergency Contact Number: _____

SPOUSE'S INFORMATION

NOTE: Our office will not contact your spouse without your consent.

Spouse's full legal name: _____

Pronouns: _____ Honorific: Mr. Mrs. Ms. Mx. Dr. (circle)

Phone Number: _____ Email: _____

Home address: _____

Date of Birth: _____ City & State of Birth: _____

How many years lived in PA: _____ Social Security No: _____

Maiden name _____

Present Employer: _____ Length of Employment: _____

Salary: _____ Position/Title: _____

Opposing counsel: _____

MARITAL INFORMATION

Date and place of marriage: _____

	Date	City	County	State
Number of this marriage (Client)	<input type="checkbox"/> 1 st		<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd
Number of the marriage (Spouse)	<input type="checkbox"/> 1 st		<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd

Date of separation: _____

Do you have a copy of the marriage certificate? Y or N (circle)

CHILD/REN INFORMATION

Do you & your spouse have any children together Y or N (circle)

If so, please state the following:

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Child's Name: _____

Date of Birth: _____ Social Security #: _____

In the past five years, where, when, and with whom have the above listed Child/ren lived:

Address:	With Whom They Are Living:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have child/ren from a prior marriage or with any other person?

If so, please state:

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Does your spouse have child/ren from a prior marriage or with any other person?

If so, please state:

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

