

*The Halberg Law Firm*

*Family Law*

*5180 Roswell Road*

*South Building, Suite 201*

*Atlanta, Ga. 30342*

*Telephone: (770) 612-1266*

Email: [bdh@halberglegal.com](mailto:bdh@halberglegal.com)

**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: \_\_\_\_\_

Email address: \_\_\_\_\_ 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 (primary) 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 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 including any bonus or commison \_\_\_\_\_

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 \_\_\_\_\_

---

---

Trust Accounts where you are beneficiary or trustee for a child(ren) \_\_\_\_\_

---

Automobiles, year, make and model and any debt \_\_\_\_\_

---

**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** \_\_\_\_\_