

The Halberg Law Firm

Family Law

3330 Cumberland Blvd

Suite 600

Atlanta, Ga. 30339

Telephone: (770) 612-1266

Email: 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.

Enter an N/A for any item that does 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** _____