FAMILY LAW QUESTIONNAIRE

BACKGROUND INFORMATION

Your name:		
Home address:		
Email address:		
Phone numbers(s):	(home)	(cell)
	(work)	
Your date of birth:		
Social Security number:		
Your education level:		
Employer's name:		
Job title:		
Date Employed/started:		
Yearly salary:		
Health insurance provider:		
Are you a member of the U.S. Armed For		
Any history of PFA/CYS involvement? y	ves or no? If so, please o	explain:
SPOUSE'S INFORMATION (IF APP)	LICABLE)	
Spouse's name:		
Spouse's date of birth:		
Spouse's Social Security number:		
Spouse's education level:		
Is your spouse a member of the U.S. Arm	ned Forces: ves or no?	If so please state
branch:	ied refees. yes or no	n so, preuse state
Snouse's Employer		
Spouse's Inh Title:		
Spouse's Job Title: Date Employed/started:		
* *		
Spouse's Yearly Salary:		
DIVORCE CLIENTS ONLY		
Date of marriage:		
Place of marriage:		
Date of separation:		
Reason seeking divorce:		
Children of the marriage: ves or no?		

CHILD(REN)'S INFORMATION (IF APPLICABLE)

Child(ren)'s name(s):
Child(ren)'s date(s) of birth:
Was the child(ren) born out of wedlock: yes or no?
Health condition(s) of child(ren):
Addresses where the child has resided for the past five (5) years:
Child's school district(s) and dates of attendance:
Child's health insurance provider(s):
Parent's names and addresses:
Custody order in effect: yes or no? Date of order: Current custody schedule:
Docket number and county of custody matter (if applicable):

ASSETS (IF APPLICABLE)

Cash and Liquid Assets

We have attempted to be comprehensive in categorizing assets; you may find many categories inapplicable to you. If you need additional space, please attach additional sheets or copy the page(s) where additional space is needed.

You should list checking accounts, savings accounts, money market accounts, and

certificates of deposits here.		
Institution Where Acct. is Maintained	Estimated Balance	How Acct. is Titled
Marketable Securities and Investmen You should list stocks, bonds, mutual fu bought and sold here.		tments which are readily
General Description	Estimated Value	How Acct. is Titled
Closely Held Business Interests		
To be included here are closely held bus and proprietorship interests. These type		
Name of business:		
Organization type (partnership, corporate Brief description of business:	tion):	
Your percentage interest:		
How your interest is titled (joint, sole or	wnership):	
Your estimate of value of business: Your estimate of value of your interest i	n husiness	
Name of co-owner(s) (if applicable):		

Address	Estimated Valu	ue Mortgage Amt.	How Residence is Titled
Other Real Estate Here you should list	any other real estate, such	as rental properties, v	which you own.
Address	Estimated Valu	ne Mortgage Amt.	How Residence is Titled
You should include	s, and Profit-Sharing Plathe value of your account in	n all tax qualified or	non-qualified retirement
Your plan(s): Type of Plan	Maintained by	Estimated Balance	e Beneficiary
Spouse's plan(s) (if	applicable):		
Type of Plan	Maintained by	Estimated Balance	e Beneficiary

Life Insurance

You should provide as complete information as you can about insurance.

Your life in	nsurance:				
				Death Benefit	Beneficiary
Spouse's life	e insurance (if a	pplicable):			
Insurer	•			Death Benefit	Beneficiary ———————
Joint insura	nce with spouse	(if applicable):			
	•			Death Benefit	
Annuities Please list a	annuities wh	nich you or your	spouse own		
Owner		Policy #	Value 	e Be	eneficiary
	need to list all			note items or coll	ections of special

Please list any vehicles boats, RV's, campers,		pouse own, including	ng but not limited to vehicle
Year/Make/Model	Lien? Y or N	Lien Amount	How Vehicle is Titled
			r assets. If there are any es, please describe them
Description 	Estimate	ed Value How A	Acct. is Titled (if app.)
you have other debt, or l	egories, we asked you have guaranteed the de	ebt of others (such as	ion about your mortgages. Is a closely held business), s, personal loans, signature
Name of Creditor	Amount of Debt	Co-Debtor? Y or	N. Payment Due Date

Vehicles

PROFESSIONAL ADVISORS (IF APPLICABLE)

It may be necessary to consult with your other professional advisors, if any.

Accountant	Name:	
	Address:	
	Phone #:	Email address:
Insurance		
Agent		
	Phone #:	Email address:
Financial	Name:	
Planner		
	Address:	
		Email address:
OTHER CO	ONCERNS	
If there are o	other matters which ye	ou wish to discuss with us which are not identified elsewhere in
this question	nnaire, please address	them here:

CLIENT CHECKLIST

Please provide Daley Zucker with the following information at your earliest convenience.

Copy of your recent paystubs
Copy of your spouse's recent paystubs
Copy of tax returns for the past three (3) years
Copy of the deed to your home
Copy of deeds to other properties
Copy of vehicle titles or registrations
Copy of statements for:
Mortgage(s)
Credit card(s)
Loan(s)
Copy of agreement of sale
Copy of tuition bills
Copy of other bills
Completed Income and Expense form (attached)
Copy of bank statements
Copy of stock certificates
Copy of pension statements
Copy of 401(k) or savings plan statements
Copy of savings bonds
Other