

**Harris & Harris Law**

16 Eastbrook Bend, Suite 101  
Peachtree City, Georgia 30269  
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770-632-8709 fax

**FOR OFFICE USE ONLY**

Date Opened \_\_\_\_\_

Date Closed \_\_\_\_\_

**FAMILY LAW**  
**CLIENT QUESTIONNAIRE**

**PLEASE PRINT LEGIBLY**

1.) Please give you *full* name, date & place of birth, and Social Security number.

Your Name : \_\_\_\_\_  
(last) (first) (middle)

Maiden name : \_\_\_\_\_

Birth Date : \_\_\_\_\_ City/State where you were born: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

2.)Where are you living now and what is your phone number ?

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Length of time at this address ? \_\_\_\_\_ County? \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

3.)How did you hear about us? \_\_\_\_\_

Were you referred by someone? \_\_\_\_\_

Have you consulted or retained any other attorneys on this matter before coming to this office? \_\_\_\_\_

If so, please state who and when: \_\_\_\_\_

4.) Employment

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_ Length of Employment ? \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Education: \_\_\_\_\_

**About your spouse or ex spouse**

5.) Please give his/her *full* name, date & place of birth, and Social Security number.

Full name \_\_\_\_\_  
(last) (first) (middle)

Maiden name : \_\_\_\_\_

Birth Date : \_\_\_\_\_ City/State where you were born: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

6.) Where are they living now and what is his/her phone number?

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

7.) His/Her Employment

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact him/her at work? \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Education \_\_\_\_\_



Client's Name: \_\_\_\_\_

**Community Assets**

**Real Property**

Address from Deed of Trust: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Mortgage Co : \_\_\_\_\_

Name of Borrower(s): \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Original Loan Amount: \_\_\_\_\_

**Bank Accounts**

Please list all that apply (Checking/Savings /Money Market/CD):

Name of Bank	Account No.	Name on Account	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employee Benefit Plans**

(401k/Employee Savings Plans/SEP/Stock Options/Pensions/ Retirement):

Name of Plan	Account No.	Employees Name	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Individual Retirement Accounts**

(IRA)

Account Name	Brokerage House	Account No.	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Brokerage Accounts**

( Stocks/Bonds/Mutual Funds)

Brokerage House	Account No.	Amount

**Motor Vehicles**

(Autos/Motorcycle/Boats/Etc.)

Year	Make	Model	VIN Number	Lender	Amount Paid/Owed

**Community Liabilities**

**Loans**

(other than home & auto loans)

Name of Bank/Lender	Account No.	Amount Owed

**Credit Cards**

Name of Credit Card Co.	Account No.	Account Holder(s)	Amount Owed