



THE MICKLIN LAW GROUP LLC
EMPOWERING MEN IN DIVORCE & FAMILY LAW ISSUES

FD CASE QUESTIONNAIRE

PERSONAL INFORMATION

Name _____ Phone # _____

Address _____ Rent Own

Social Security _____ Birth Date _____

E-mail _____

Preferred Method of Contact Mail Phone E-mail

OTHER PARENT INFORMATION

Name _____ Phone # _____

Address _____ Rent Own

Social Security _____ Birth Date _____

E-mail _____

Preferred Method of Contact Mail Phone E-mail

OTHER PROFESSIONALS YOU WORK WITH

Banker _____

Financial Advisor _____

Accountant _____

Therapist _____

Parenting Consultant _____

Child Psychologist _____

HISTORY

What is your job or occupation? _____

What is the other parent's job or occupation? _____

How many jobs have you had in the past ten (10) years? _____

How long have you lived in New Jersey? _____

How many children do you have? Please provide their names and birth dates: _____

Please list any other information you feel would be relevant: _____

IF YOU ARE MARRIED TO THE PARENT OF THE CHILD OR CHILDREN PLEASE ANSWER THE FOLLOWING:

What is your date of marriage? _____

Where were you married? _____

Was it a religious or civil ceremony? _____

If you are not living with your spouse, when did you and your spouse separate? _____

What is the address of the marital residence? _____

What is the total value of your assets? _____

Your maiden name? (If applicable) _____

Do you wish to resume using your maiden name? (If applicable) Yes No

ISSUES

What is most important to you as you go through the divorce process?

What is most important to you after the process is over? What do you want or hope to have after your case is over?

How did you decide that you wanted to seek the assistance of an attorney? What were your deciding factors or how did you make this decision?

What information do you want about the court process?

Have you or will you meet with other attorneys concerning this matter?

TAX INFORMATION

Will there be a capital gain on any short or long term asset if it is sold?

Yes No

If so, are there excessive medical expenses for the children?

Yes No

Is either party paying or planning to pay alimony?

Yes No

Does either person own a business or receive cash payments for income?

Yes No

Are all past income taxes paid?

Yes No

Is there potential underreporting in past tax returns?

Yes No

EDUCATION BACKGROUND

Your Education Background

High School College Graduate Post Graduate Other: _____

Other Parent's Background

High School College Graduate Post Graduate Other: _____