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**FAMILY LAW
NEW CLIENT QUESTIONNAIRE**

Today's Date: _____

Name (first, initial, last): _____

Current Street Address (Street, City, State, Zip, and County): _____

Preferred Mailing Address, if different from above: _____

Gender: Male Female **Age:** _____ **Race:** _____ **Date of Birth** _____

DL#: _____ **Issuing State:** _____ **SS#:** _____

US Citizen: Yes No, country of citizenship: _____

Enrolled member of any Native American tribe: No Yes: _____

Active Military: Yes No **Military Vet:** No Yes

Service dates from: _____ to: _____

NOTE: Moberg, Rathbone and Kearns' preferred method of communication is by private email and/or cell phone. If you have any concerns about privacy at any of the following please indicate with an *.

Cell: _____ **Email:** _____

Home: _____ **Office:** _____

Best time to reach you: Anytime Day, hrs _____ Evenings, hrs _____

How do you prefer to receive paperwork from this office? Email Mail

Name of Nearest Relative: _____ **Relationship to You:** _____

Relative Email: _____ **Phone Number:** _____

Are you employed? Yes No Full Time Part Time

Occupation: _____ **Highest Education Level:** _____

Salaried Hourly \$ _____ per hr **Annual Salary:** _____

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Paid: Weekly Bi-weekly Bi-monthly Monthly **Bonuses:** Yes No

Employer Name and address: _____

*****PRESENT OR FORMER SPOUSE/DOMESTIC PARTNER INFO*****

Name of Spouse (first, initial, last): _____

Current Address (Street, City, State, Zip, County): _____

Cell: _____ **Email:** _____

Gender: Male Female **Age:** _____ **Race:** _____ **Date of Birth** _____

DL#: _____ **Issuing State:** _____ **SS#:** _____

US Citizen: Yes No, country of citizenship: _____

Enrolled member of any Native American tribe: No Yes: _____

Active Military: Yes No **Military Vet:** No Yes

Service dates from: _____ to: _____

Are they employed? Yes No Full Time Part Time

Occupation: _____ **Highest Education Level:** _____

Salaried Hourly \$ _____ per hr **Annual Salary:** _____

Paid: Weekly Bi-weekly Bi-monthly Monthly **Bonuses:** Yes No

Employer Name and address: _____

*****RELATIONSHIP INFO*****

Date of Marriage/Domestic Partnership: _____

County, City & State of Marriage/Domestic Partnership: _____

Are you still residing together? Yes No **Date of Separation:** _____

County & State of Separation: _____

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*******CHILDREN INFORMATION*******

Are you receiving Washington State cash benefits such as TANF, SNAP? No Yes

Are any of the following children enrolled members of any Native American tribe: No

Yes Name of Tribe: _____ All Children: Yes No

CHILDREN FROM CURRENT RELATIONSHIP

NAME	DOB	AGE	RACE	SS#

Identify and list in detail the places where the children have lived, with whom and during what dates during the last five years starting with the most current.

Current Residence (Date): _____ to present

With Whom: Mother Father Both Parents Other: _____

Address: _____

Previous Residence (Date) From: _____ to: _____

With Whom: Mother Father Both Parents Other: _____

Address: _____

Previous Residence (Date) From: _____ to: _____

With Whom: Mother Father Both Parents Other: _____

Address: _____

CHILDREN FROM PAST RELATIONSHIP

NAME	DOB	AGE	RACE	SS#

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*******MATTER INFORMATION*******

Items YOU need help with:

- Divorce Legal Separation Spousal Maintenance Community Property Laws
 Parenting Plan PP Modification Custody Residential Schedule Parentage
 Child Support CS Modification Uninsured Medical Legal fees/costs

Existing Case No.: _____ **County:** _____

Have you been served with papers No Yes, **date of service?** _____

How were you served? By Personal Service By Mail Other _____

What is the Name of the Document(s): _____

Is there a current restraining/protection order involving the parties or children? Yes No
If Yes, who does the order protect? (*Names*): _____

Previous Divorce OR custody/parentage case: No Yes

Case No.: _____ **County:** _____

*******FINANCIAL INFORMATION*******

YOU MUST PROVIDE PROOF OF THE FOLLOWING INCOME/ASSETS/DEBTS

Via current statements (within the last month), registrations/titles,
one month's paystubs and two years tax returns for each party.

Income

List monthly income and deductions below for you and the other person in your case. If your case involves child support, this same information is required on your *Child Support Worksheets*. If you do not know the other person's financial information, give an estimate.

If you do not get paid once a month, calculate your *monthly* income like this:

Monthly income = Weekly x 4.3 or 2-week x 2.15 **or** Twice a month x 2

A. Gross Monthly Income (before taxes, deductions, or retirement contributions)		
	You	Other Party
Monthly wage / salary		
Income from interest / dividends		
Income from business		
Spousal support / maintenance received (Paid by: _____)		
Other income		

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Total Gross Monthly Income (add all lines above)		
Total gross income for this year before deductions (<i>starting January 1 of this year until now</i>)		

Other Income and Household Income

If this income is not once a month, calculate the *monthly* amount like this:

Monthly income = Weekly x 4.3 or 2-week x 2.15 **or** Twice a month x 2

A. Other Income (<i>Do not repeat income you already listed on page 2.</i>)		
	You	Other Party
Child support received from other relationships		
Other income (<i>From: _____</i>)		
Other income (<i>From: _____</i>)		
Total Other Income (add all lines above)		
B. Household Income (<i>Monthly income of other adults living in the home</i>)		
	Your Home	Other Party
Other adult's gross income (<i>Name: _____</i>)		
Other adult's gross income (<i>Name: _____</i>)		
Total Household Income of other adults in the home (add all lines above)		

Real Property (land or home)

Neither spouse owns any real property.

Date of Purchase	Real Property Address & Tax Parcel Number	Mortgage Outstanding Balance	Est. Value	Name(s) on Deed (H, W, B)

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Personal Property (possessions, assets or business interests of any kind)

List property (include: vehicles, RVs/boats, bank accounts, pensions/retirement, Life insurance, guns, inheritance, high value jewelry, businesses, etc.):	Account No. (Only list last four digits)	Subject to a Loan (Y/N)	Est. Value	Name(s) on Acct or Title (H, W, B)	Who should retain this property? (H, W, B)

Available Assets

List your liquid assets, like cash, stocks, bonds, that can be easily cashed.	
Cash on hand and money in all checking & savings accounts	\$
Stocks, bonds, CDs and other liquid financial accounts	\$
Cash value of life insurance	\$
Other liquid assets	\$
Total Available Assets (add all lines above)	

Debts/Monthly payments

Describe Debt (credit card, loan, etc.)	Name of creditor	Current Amount Owed	Last Monthly Payment (Date and Amount)	
				\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

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		\$		\$
		\$		\$
		\$		\$
Total Monthly Payments for Debts				

Monthly Expenses After Separation

What are your monthly expenses are (or will be) after separation. If you have dependent children, your expenses must be based on the parenting plan or schedule you expect to have for the children.

A. Housing Expenses		F. Transportation Expenses	
Rent / Mortgage Payment		Automobile payment (<i>loan or lease</i>)	
Property Tax (if not in monthly payment)		Auto insurance, license, registration	
Homeowner's or Rental Insurance		Gas and auto maintenance	
Other mortgage, contract, or debt payments based on equity in your home		Parking, tolls, public transportation	
Homeowner's Association dues or fees		Other transportation expenses	
Total Housing Expenses		Total Transportation Expenses	
B. Utilities Expenses		G. Personal Expenses (not children's)	
Electricity and heating (gas and oil)		Clothes	
Water, sewer, garbage		Hair care, personal care	
Telephone(s)		Recreation, clubs, gifts	
Cable, Internet		Education, books, magazines	
Other (<i>specify</i>):		Other Personal Expenses	
Total Utilities Expenses		Total Personal Expenses	
C. Food and Household Expenses		H. Other Expenses	
Groceries for (<i>number of people</i>): ____		Life insurance (not deducted from pay)	
Household supplies (cleaning, paper, pets)		Other (<i>specify</i>):	
Eating out		Other (<i>specify</i>):	
Other (<i>specify</i>):		Other (<i>specify</i>):	
Total Food and Household Expenses		Total Other Expenses	
D. Children's Expenses		List all Total Expenses from above:	
Childcare, babysitting		A. Total Housing Expenses	
Clothes, diapers		B. Total Utilities Expenses	
Tuition, after-school programs, lessons		C. Total Food and Household Expenses	
Other expenses for children		D. Total Children's Expenses	
Total Children's Expenses		E. Total Health Care Expenses	
E. Health Care Expenses		F. Total Transportation Expenses	
Insurance premium (health, vision, dental)		G. Total Personal Expenses	
Health, vision, dental, orthodontia, mental health expenses not covered by insurance		H. Total Other Expenses	
		I. All Total Expenses (add A - H above)	

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Other health expenses not covered by insurance		<i>Use below to explain any unusual expenses, or attach additional pages.</i>
Total Health Care Expenses		

Explanation of any of the above (if any needed):

Is there any separate property (i.e. either of you had before marriage or inheritance of gifts kept separately)? _____

What are your goals for your legal matter: _____

What are your greatest fears regarding your legal situation: _____

What else would you like me to know: _____
