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## Client Questionnaire

<u>Wife/Mother</u>	<u>Husband/Father</u>
Name: _____	Name: _____
Maiden Name: _____	Physical Address: _____
Physical Address: _____	_____
_____	_____
Do you receive mail at this address? _____	Do you receive mail at this address? _____
If no, please provide a mailing address: _____	If no, please provide a mailing address: _____
_____	_____
_____	_____
Telephone: (Home) _____	Telephone: (Home) _____
(Work) _____	(Work) _____
(Cell) _____	(Cell) _____
Email address: _____	Email address: _____
Date of Birth: _____	Date of Birth: _____
Place of Birth: _____	Place of Birth: _____
Race: _____	Race: _____
Social Security Number: _____	Social Security Number: _____
Driver's License No/State: _____	Driver's License No/State: _____
County of Residence: _____	County of Residence: _____
How long WA resident? _____	How long WA resident? _____
Level of education? _____	Level of education? _____

### MARRIAGE INFORMATION

Date of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Place of Marriage (City & State) \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Is reconciliation possible? \_\_\_\_\_

Who left? \_\_\_\_\_

Is a name change desired? If so, to what name (list first, middle and last name): \_\_\_\_\_

### CHILDREN

List all children of this relationship/marriage:

Name of Child	Date of Birth	SSN	Mother's Name	Father's Name
1)				
2)				
3)				
4)				

List children of either party not of this relationship/marriage:

Name of Child	Date of Birth	Child(ren) reside with mother/father	Mother's Name	Father's Name
1)				
2)				
3)				
4)				

Is the wife currently pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any children who are handicapped or disabled: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list which child(ren) and the nature of their handicap or disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List children no longer dependent on the parties and indicate why:

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**EMPLOYMENT**

Wife/Mother

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

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

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Presently in military? \_\_\_\_\_

If not employed, last date of employment and reason  
for unemployment:  
\_\_\_\_\_  
\_\_\_\_\_

Husband/Father

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

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

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Presently in military? \_\_\_\_\_

If not employed, last date of employment and reason  
for unemployment:  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

1) Have you ever signed a community property agreement? If yes, when did you sign it and where is it located? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Have you ever signed a guarantee or indemnification agreement making you or your spouse liable if someone else fails to pay a debt? If yes, when did you sign it and where is it located?  
\_\_\_\_\_  
\_\_\_\_\_

3) Did you assist your spouse, or did he or she assist you, in obtaining an education? If yes, please state when, what type of education, monthly income earned by you and your spouse during this period and all other sources of income during this period:  
\_\_\_\_\_  
\_\_\_\_\_

4) When you married, did you give up any social security, alimony or retirement benefits? If yes, please describe, including the monthly amount received, how long you had received it and whether you can receive it again.

\_\_\_\_\_

\_\_\_\_\_

5) Have you or your spouse ever filed for bankruptcy? If yes, state the date filed, location of court, reasons and whether debts were discharged:

\_\_\_\_\_

\_\_\_\_\_

**MONTHLY INCOME/EXPENSE INFORMATION**

1. MONTHLY GROSS INCOME	Wife/Mother	Husband/Father
a. Wages/salaries/tips		
b. Child Support/Public Assistance		
c. Interest/Dividends		
d. Other income from any source List source: _____		
2. MONTHLY DEDUCTIONS FROM INCOME	Wife/Mother	Husband/Father
a. Income Taxes		
b. FICA/Self-Employment Taxes		
c. Mandatory Union/Professional Dues		
d. Mandatory Pension Plans		
e. Alimony/Maintenance		
f. Child Support		
g. Other required deductions		
3. MONTHLY LIVING EXPENSES	Wife/Mother	Husband/Father
a. Rent, Mortgage or contract payments		

	b. Installment payments for improvements		
	c. Installment payments for furniture		
	d. Taxes/Insurance		
	e. Other		
4.	UTILITIES	Wife/Mother	Husband/Father
	a. Heat/Gas/Oil		
	b. Electricity		
	c. Phone - Home & Cell		
	d. Cable TV		
	e. Internet		
	f. Water/Sewer/Garbage		
5.	FOOD/SUPPLIES	Wife/Mother	Husband/Father
	a. Food		
	b. Supplies		
	c. Meals eaten out		
6.	CHILDREN	Wife/Mother	Husband/Father
	a. Daycare		
	b. Babysitting (not work related)		
	c. Clothing/shoes		
	d. Monthly Health Insurance Premiums		
	e. Monthly Uninsured Health Care expenses		
	f. Special health care/treatment		
	g. Monthly educational expenses		
	h. Lesson/sports/clubs		

	i. School Expenses		
	j. Tuition		
	k. Hair cuts/allowance/personal expenses		
	l. Long Distance Transportation Expenses		
	m. Other Expenses		
<b>7.</b>	<b>TRANSPORTATION</b>	<b>Wife/Mother</b>	<b>Husband/Father</b>
	a. Vehicle payments/leases		
	b. Insurance/licenses		
	c. Gas/oil/maintenance		
	d. Repairs (list specific)		
	e. Parking/other		
	f. Taxi/bus Other:		
<b>8.</b>	<b>HEALTH CARE</b>	<b>Wife/Mother</b>	<b>Husband/Father</b>
	a. Insurance		
	b. Uninsured medical		
	c. Uninsured dental		
	d. Uninsured eye care		
	e. Uninsured prescriptions		
<b>9.</b>	<b>PERSONAL EXPENSES</b>	<b>Wife/Mother</b>	<b>Husband/Father</b>
	a. Clothing		
	b. Cosmetics		
	c. Clubs/recreation		
	d. Education		
	e. Books/newspapers/magazines/photos		
	f. Gifts/Contributions		
<b>10.</b>	<b>MISCELLANEOUS</b>	<b>Wife/Mother</b>	<b>Husband/Father</b>
	a. Life Insurance		
	b. Support/Maintenance		

c. Savings		
d. Personal Loans		

MONTHLY DEBTS			
Creditor/Reason for debt (car, home, vacation, medical, etc.)	Current Balance	Monthly Payment	Who is paying?
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

IRS INFORMATION	
1)	Do you or your spouse owe any amounts to the IRS - or are either of you due a refund? If so, how much: _____
2)	How should the income tax exemptions for the children be divided and what filing status do you plan on using for the current tax year: _____ _____

PROPERTY	
1)	Do you own a family home or any other real estate? _____ If yes, please list:
a.	Address:
b.	Date Purchased:
c.	Purchase Price:
d.	Down Payment:
e.	Source of Down Payment:
f.	Monthly payments:

g. Current Mortgage Balance:

h. Present Market Value:

2) Motorized vehicles owned by either party, including autos, motorcycles, recreational vehicles, and boats:

Year, Make, & Model	License/VIN No.	Market Value	Amount Owed	To Whom Owed	Community or Separate Property? Who Uses?

4) Personal Property:

If there is any personal property that is in dispute, please describe the item below; indicate the current market value; purchase price; purchase date; debt associated with each item and who should get the item and why:

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5) Life Insurance:

a. Face amount:

b. Company:

c. Policy Number:



d. Person Insured:
e. Benefits:
f. Cash or Loan Value:
g. If there are outstanding loans against a policy, please describe including the amount, the date the loan was taken and the reason for the loan: <hr/> <hr/>

**BANK ACCOUNTS**

	Account 1	Account 2
a. Name of Bank:		
b. Branch:		
c. Type of Account:		
d. Current Balance:		
e. Who may withdraw:		
f. Balance at Separation:		
g. Name(s) on account:		

**PENSIONS/RETIREMENT**

	Wife/Mother	Husband/Father
a. From whom:		
b. Your Contributions:		
c. Employer Contributions:		
d. Are you vested in plan?:		
e. If no, years until vested:		
f. Lump sum entitled to:		
g. Monthly amount entitled to:		
h. Current age:		

**STOCKS, BONDS, IRAs, and MUTUAL FUNDS**

	Wife/Mother	Husband/Father
a. Name:		

b.	No. of Shares:		
c.	Purchase price per share:		
d.	Current Price:		
e.	Total Current Value:		
f.	If bond, list current value:		

**CERTIFICATES OF DEPOSIT**

a.	Face amount:		
b.	Maturity Date:		
c.	Where located:		
d.	Interest Rate:		

**FAMILY BUSINESS**

If you have interest in a family business or any other business, please complete the questions below:

a.	Name of business:	
b.	When started:	
c.	Where you married to your current spouse at that time?:	
d.	Is the business incorporated?:	
e.	If yes, total number of shares outstanding:	
f.	How many shares do you own?:	
g.	Does your spouse hold any shares?:	
h.	Are you or your spouse an officer?: _____ If yes, what office: Wife/Mother: _____ Husband/Father: _____	
i.	How many employees does the business employ?:	
j.	Net worth (latest quarter or year):	
k.	Profit or loss made last year:	
l.	Profit or loss made last quarter:	

**SEPARATE PROPERTY**

Separate property is any property which you or your spouse:

a.	Owned prior to marriage:	
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b.	Received through inheritance;
c.	Received as a gift;
d.	Acquired after a permanent separation; or
e.	Received through sale or transfer during your marriage of any of the above categories or property.
If you own such property, attach a separate piece of paper and indicate the following:	
a.	List property;
b.	Date acquired;
c.	How acquired; and
d.	In whose name is the title.
If you gave your separate property to the marital community, describe when, the value thereof and for what reason on a separate piece of paper.	

<b>RESTRAINING ORDER</b>	
If you desire the court to enter an order restraining your spouse, please answer the following questions about him/her and complete the Law Enforcement Information Sheet included with this packet:	
1)	Is there anything about your spouse's character or past behavior or the present situation that indicated that he or she may be a danger to self or others? If yes, please explain below: <hr/> <hr/> <hr/> <hr/>
2)	Does your spouse have a weapon or access to a weapon? If yes, please describe below: <hr/> <hr/> <hr/> <hr/>

3) Has your spouse ever been arrested or convicted of a violent crime? If yes, please explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SETTLEMENT**

1) Rank these categories by what is most important to you: (1 being the most important and 6 being the least important)

_____ Speedy Resolution	_____ Limited Attorney's Fees
_____ Property Division	_____ Child Support
_____ Parenting Plan (Visitation)	_____ Parenting Plan (Primary Custody)

**ATTORNEY/CLIENT RELATIONSHIP**

Please explain your expectations of us as your attorneys. What is the most important thing that you wish to accomplish as you proceed through this legal matter? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY

CASE NO. \_\_\_\_\_ COUNTY \_\_\_\_\_