

Family Law Matter Questionnaire

I understand that all information provided to Michael J. Shew, Ltd. is intended to allow the Firm to determine if a conflict of interest exists. I also understand that no Attorney Client relationship will be established until a written Fee Agreement is signed by me and Michael J. Shew, Ltd. and an agreed upon fee is paid. Any information you provide is confidential.

Signature

Date

How were you referred to us?

Former Client

Name: _____

Friend/Family Member:

Name: _____

Google

Yelp

Facebook

AVVO

YP.COM

Findlaw

Other:

Is there a court case currently pending? Yes No

Court Name: _____

Case Number: _____

When were you served? _____

How were you served? _____

Is there a court date scheduled? Yes No

When? _____

Time? ____:____ AM/PM

Where? _____

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Type of Court Date:

Resolution Management Conference/Return Hearing

- Trial/Evidentiary Hearing
- Mediation/Parenting Conference
- Settlement Conference
- Child Support Modification/Enforcement
- Resolution Management Conference
- Return Hearing

Have you been represented by an attorney before? Yes No

Who? _____

I. YOUR BIOGRAPHICAL INFORMATION

Legal Name: _____

Former Name(s): _____

Maiden Name: _____

Name of Current Spouse: _____

Your Date of Birth: _____

Your Social Security Number: ____ - ____ - ____

Your Home Address: _____

City: _____ State: _____ Zip: _____

Your Preferred Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Other: _____

May we contact you at home? Yes No

What is the number you prefer we use?

- Home
- Work
- Cell

Your Employer Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Wage : \$ _____ per hour week month year None of your business

How long have you been employed with this employer? _____

Are you self-employed? Yes No

If so, how long? _____

Are you incorporated? _____

State of incorporation: _____

Type of business entity (e.g., corporation, limited liability company, etc.)

Type of business (e.g., sales, manufacturing, real estate, professional, etc.)

Do you have any history of physical, emotional or psychological problems? Yes No

None of your business

If so, what is that history?

Have you ever received counseling or been prescribed psychoactive medication? Yes

No By whom?

For what purpose?

Do you have any history of using/abusing illegal drugs, alcohol or prescription medication? Yes No None of your business.

If so, what is that history?

Do you practice a particular religious faith?

- Christian
- Catholic
- Jewish
- Latter-Day Saints
- Muslim
- Buddhist
- None of your business

Do you want to be returned to your maiden name? Yes No

II. BIOGRAPHICAL INFORMATION OF THE ADVERSE PARTY

Name of Adverse Party: _____

Former Name(s): _____

Maiden Name: _____

Name of Current Spouse (if already divorced): _____

Date of Birth: _____

Social Security Number: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Other: _____

Is there now, or has there ever been a court case pending involving you and the adverse party? Yes No

Where: _____

When: _____

Court Case Number: _____

Are you divorced from the other party? Yes No

Adverse Party's Employer Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Wage : \$ _____ per hour week month year None of your business

How long has adverse party been employed with this employer? _____

Is adverse party self-employed? Yes No

If so, how long? _____

Is business incorporated? _____

State of incorporation: _____

Type of business entity (e.g., corporation, limited liability company, etc.) _____

Type of business (e.g., sales, manufacturing, etc.) _____

Do you have any concerns about the physical, emotional or psychological health of the adverse party? Yes No None of your business

If so, what are those concerns?

Has the adverse party ever received counseling or been prescribed psychoactive medication? Yes No None of your business

By whom? _____

For what purpose? _____

Do you have any concerns that the adverse party is using/abusing illegal drugs, alcohol or prescription medication? Yes No None of your business

If so, what are those concerns?

Does the adverse party practice a particular religious faith?

- Christian
- Catholic
- Jewish
- Latter-Day Saints
- Muslim
- Buddhist
- None of your business

III. MARRIAGE INFORMATION

Are you married to the adverse party? Yes No

Date of Marriage: _____

Place of Marriage: _____

Do you have a covenant marriage? Yes No

Have you been married before? Yes No

When were you divorced: _____

Are you still living with the adverse party? Yes No

When did you stop living with the adverse party? _____

Why did you stop living with the adverse party?

Has there been a significant history of domestic violence in your relationship?

Yes No None of your business

Physical Abuse? Yes No None of your business

Has the adverse party ever been arrested as a result of domestic violence?

Yes No None of your business

When? _____ Where? _____

Why? _____

Have you ever sought medical treatment as a result of domestic violence?

Yes No None of your business

Have you or the adverse party spouse ever been convicted of a domestic violence related offense? Yes No None of your business

If so, when

Have you ever obtained an Order of Protection against the other party?

Yes No None of your business

Have you ever had an Order of Protection entered against you?

Yes No None of your business

Name of Court: _____

When? _____

Why? _____

IV. BIOGRAPHICAL INFORMATION REGARDING CHILDREN

Do you have children with the adverse party?

Yes No

Were the children born out of wedlock?

Yes No

How was paternity established?

- DNA Testing
- Father signed birth certificate
- Father signed Acknowledgment of Paternity
- Court Order

Please list your children with the adverse party:

NAME	DATE OF BIRTH	AGE	GRADE IN SCHOOL	NAME OF SCHOOL

Do you have children from another relationship?

Yes No

NAME	DATE OF BIRTH	AGE	GRADE IN SCHOOL	NAME OF SCHOOL

Does the adverse party have children from another relationship? Yes No

NAME	DATE OF BIRTH	AGE	GRADE IN SCHOOL	NAME OF SCHOOL

Are your children in child care?

Yes No

Name, address and telephone of child care provider:

How much does child care cost per month? _____

Who provides medical insurance for the children?

Father Mother AHCCCS

Who provides dental insurance for the children?

Father Mother

Who provides vision insurance for the children?

Father Mother

V. ASSETS

Marital Residence:

Address: _____

City: _____ State _____ Zip _____

Was the property purchased during marriage? Yes No

Is the property titled in both party's names? Yes No

Did you sign a Disclaimer Deed? Yes No

If so, why?

Did the other party sign a Disclaimer Deed? Yes No

If so, why?

Estimated Fair Market Value: \$ _____

What is the basis of your opinion?

- Appraisal
- Comparable sales
- Zillow
- Redfin
- Realtor opinion

When was the last time an appraisal was completed?

What was the last appraised value? _____

Estimated Payoff of 1st mortgage: \$ _____

Monthly payment amount: \$ _____

Name of Mortgage Company: _____

Estimated Payoff of 2nd mortgage: \$ _____ Monthly payment amount:

\$ _____

Name of Mortgage Company: _____

Do you want to keep this home? Yes No

Other Real Property:

Address: _____

City: _____ State _____ Zip _____

Was the property purchased during marriage? Yes No

Is the property titled in both party's names? Yes No

Did you sign a Disclaimer Deed? Yes No

If so, why?

Did the other party sign a Disclaimer Deed? Yes No

If so, why?

Estimated Fair Market Value: \$ _____

What is the basis of your opinion?

- Appraisal
- Comparable sales
- Zillow
- Redfin
- Realtor opinion

When was the last time an appraisal was completed?

What was the last appraised value? _____

Estimated Payoff of 1st mortgage: \$ _____ Monthly payment amount: \$ _____

Name of Mortgage Company: _____

Estimated Payoff of 2nd mortgage: \$ _____ Monthly payment amount: \$ _____

Name of Mortgage Company: _____

Is this an investment property Yes No

Is there a tenant in the property? Yes No

If so, when does lease expire? _____

How much rent do you receive per month? \$ _____

Do you want to keep this home? Yes No

Do you own a timeshare? Yes No

Name/Location: _____

Is it paid in full? _____

Separate Property:

Do you own property you acquired prior to marriage? Yes No

Did you inherit property during marriage? Yes No

Bank Accounts:

NAME OF BANK	ACCOUNT NUMBER	ESTIMATED BALANCE	ACCOUNT OWNER	ACCOUNT TYPE

Retirement Accounts:

ACCOUNT TYPE	ESTIMATED BALANCE	PREMARITAL INTEREST?	ACCOUNT OWNER	FINANCIAL INSTITUTION
401(K)				
457				
403(b)				
ROTH IRA				
Traditional IRA				
Annuity				
Profit Sharing Plan				
Stock Options				

Investment Accounts:

ACCOUNT TYPE	ESTIMATED BALANCE	PREMARITAL INTEREST?	ACCOUNT OWNER	FINANCIAL INSTITUTION

Pension:

Plan Administrator: _____

Currently in Payment Status? _____

Yes No

Employer: _____

Benefit Amount: _____

Beneficiary: _____

Vehicles:

YEAR	MAKE	MODEL	LIEN?	AMOUNT	PAYMENT	H OR W?

VI. Debts

NAME OF CREDITOR	OWNER OF ACCOUNT	AMOUNT OWED	PURPOSE OF DEBT

VII. SPECIAL CONSIDERATIONS

Please list any special considerations or issues you believe are present in your situation:

VIII. CURRENT ORDERS

- A. What is the current custody order? Joint Sole
- B. Are you the primary residential parent? Yes No
- C. What is the current parenting time schedule?
-
-
- D. Do you pay child support? Yes No
 Do you receive child support? Yes No
 How much? \$ _____ per month

- E. Is child support current? Yes No
- F. How much child support is owed? \$ _____
- G. Do you pay spousal maintenance? Yes No
 Is spousal maintenance modifiable? Yes No
- I. Do you receive spousal maintenance? Yes No
 Is spousal maintenance modifiable? Yes No
- J. How much? \$ _____ per month
- K. When does spousal maintenance end? _____
- L. How much spousal maintenance is owed today? \$ _____
- M. Are there any orders relating to property, debts or attorney's fees that are at issue?

IX. Preferred Outcome

- A. What kind of legal decision-making order do you believe is in your child(ren)'s best interest? Joint Sole

- B. What kind of parenting time order do you want?

- B. What do you want with respect to child support?

What do you want with respect to spousal maintenance?

- D. What you want with respect to division of property and debts?

FOR INTERNAL USE ONLY:

Name of Client: _____

- Type of Case: Dissolution of Marriage
 Establishment of Paternity
 PostDecree
 Contempt/Enforcement
 Modification

Petition:

- Legal Decision-Making: Joint
 Sole
PRP? Client
 Adverse party
C/S paid by: Client
 Adverse party
S/M paid by: Client
 Adverse party

AFI provided to Client: Yes No

Proposed Resolution Statement: Yes No

Conflict Check? Yes No

Fee Agreement? Yes No

Initial Fee: \$ _____

Hourly Rate: \$ _____

Flat Fee: \$ _____

Other terms:

Petition For Dissolution of Marriage Requirements:

Covenant Marriage? Yes No

Service of Process:

- Personal at home:
 Personal at work:
 Acceptance of SOP:
 Out of state personal:
 Out of state by cert. mail:
 Other:

Legal Decision-Making:

- Sole to Client
 - Joint and client has FDMA
 - Joint and o/p had FDMA
 - Other:
-
-
-

Parenting Time:

- Reasonable
 - Supervised
 - Equal Parenting Time
 - Other:
-
-
-

Child Support:

- Paid by O/P
- Paid by Client

Spousal Maintenance:

- Paid by O/P
- Paid by Client

Property/Debt Division:

- Equitable Division of Property and Debt
 - Specific Allocation:
-
-
-
-
-
-
-

Attorney's Fees:

- Paid by O/P
 - Paid by Client
 - Each party pays their own unless a party takes an unreasonable position
 - Other:
-
-

Return to Former/Maiden Name?

Yes No

Name: _____

Motion for Temporary Orders Filing Requirements:

- Legal decision-making (see above)
- Parenting time (see above)
- Child support (prepare c/s worksheet)
- Division of liquid assets
- Spousal maintenance paid by Husband Wife
- Exclusive use and possession of:
- Marital Residence to client
- Other **property to client**
- vehicles

_____ to client
 _____ to o/p

- Attorney's fees and costs
- Expert witness fees
- Other:

