



GENERAL CLIENT QUESTIONNAIRE - DOMESTIC

CLIENT'S NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH SOCIAL SECURITY NUMBER

RESIDENCE STREET ADDRESS (OR P.O. BOX) DRIVER'S LICENSE STATE AND NUMBER

CITY OR TOWN COUNTY STATE ZIP CODE

CLIENT'S EMPLOYER EMPLOYER'S ADDRESS

CLIENT'S HOME PHONE NUMBER CELL PHONE NUMBER WORK PHONE NUMBER

SPOUSE INFORMATION

SPOUSE'S NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH SOCIAL SECURITY NUMBER

RESIDENCE STREET ADDRESS CITY/TOWN COUNTY STATE ZIP CODE

SPOUSE'S EMPLOYER EMPLOYER'S ADDRESS

SPOUSE'S HOME PHONE NUMBER WORK PHONE NUMBER

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DATE OF MARRIAGE PLACE OF MARRIAGE CITY/COUNTY/STATE

DATE COUPLE SEPARATED/DIVORCED WAS THERE PREMARITAL COUNSELING?
YES _____ NO _____

YOU WILL BE EXPECTED TO PAY FOR TODAY'S CONSULTATION BEFORE YOU LEAVE.

TULSA, OKLAHOMA 74103-4511
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