

DOMESTIC VIOLENCE QUESTIONNAIRE

Today's Date _____ Conflict Checked: _____

How did you hear about **HUNTER LAW**? _____

We realize that you may be coming to this office for the sole purpose of obtaining information at this time. However, even if you are only seeking a consultation, I need certain information in order to adequately advise you. The questions below are designed to elicit the information we require in an orderly manner. None of this information will leave our office. Your cooperation is appreciated.

Please be advised that the presence of third parties not associated with the Hunter Law during your consultation or any future appointments destroys the attorney/client privilege and if subpoenaed, this person may be compelled to testify as to what was said during your consultation or future appointments. _____ Client Initials

The consultation fee will be collected prior to your appointment today. All Quotes for Attorney's Fees regarding your Case may be subject to adjustment and reevaluation of your case if you retain Hunter Law for Representation at a later date following your initial or subsequent consultations _____ Client Initials

INFORMATION ABOUT YOU

Full Legal Name: _____
(As it appears on your Driver's Licence)

Date of Birth: _____ SS#: _____

Mailing Address: _____
_____ Zip: _____

Home Phone: _____ Work Phone: _____
Cellular Phone: _____ Other Phone: _____

E-Mail Address: _____

May we contact you at home? May we contact you via E-mail?

Employer: _____

Position: _____ How long have you been with the company? _____

Salary: \$ _____ Hourly Rate \$ _____ Hours worked per week: _____

How often are you paid? _____ Do you Receive Bonuses/Commissions? _____

List any other sources of Income: _____

Have you ever gone by any other name? _____

Name(s) of your previous Attorney(s) _____

Have you been served with papers? Yes No If Yes, when? _____

INFORMATION ABOUT THE OPPOSING PARTY

Name: _____
(As it appears on his/her Driver's Licence)

Date of Birth: _____ SS#: _____

Address: _____
_____ Zip: _____

Email Address: _____

Cellular Phone: _____ Other Phone: _____

Employer: _____

Address: _____

Position: _____ How long with the company? _____

Salary: \$ _____ Hourly Rate: \$ _____ Hours worked per week: _____

How often is he/she paid? _____ Does he/she Receive Bonuses/Commissions? _____

List any other sources of Income: _____

If unemployed, how long? _____ Why? _____

Is he/she in good health? _____ If no, please explain: _____

Has he/she ever gone by any other name? _____

Name(s) of his/her Attorney(s) _____

Where is the best place to serve opposing party if necessary: (*check one*)

Above listed home address _____ Workplace address _____

Height: _____ Weight: _____ Color of eyes: _____ Race: _____

Does he/she have any distinguishing features, marks, tattoos, etc.? _____

INFORMATION ABOUT THE TEMPORARY INJUNCTION

When was the Temporary Injunction entered by the Court? _____

What County was the Temporary Injunction entered? _____

When is the return hearing scheduled? _____

Are you listed as the Petitioner or Respondent in the Injunction? _____

How long have you lived in Florida? _____

MINOR CHILDREN

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Place of Birth</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please list below the addresses at which the child(ren) have resided for the past five years, including the dates of residence at each address and the names of the people with whom the children resided:

<u>Date</u>	<u>Address</u>	<u>With Whom</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Since the Final Judgment, has any child listed above been involved in custody proceedings involving Juvenile Dependency Court or other court intervention? _____ If Yes, When? _____
If Yes, Please Explain _____

Do any of the child(ren) have any mental, emotional, physical or other health problems? _____
If so, please explain: _____

ATTORNEY NOTES

1. PRICE QUOTED: