

# 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: