Client Questionnaire

Please complete as much as possible. We realise that you will not have all the details to hand right now and that some of the questions will not apply. Any information you can provide will save time in progressing your case later on.

About You

|  |  |
| --- | --- |
| Full name & title: Enter Title and full name | Postal address: Enter address  Postcode: Enter postcode |
| Phone: Phone |
| Email: Email | Date of birth: Enter date |
| Previous names (including surname at birth):  Enter names | Occupation: Enter occupation |
| Do you consider yourself to have any disabilities? Yes  No  If Yes, provide details Provide details | |

About Your Partner

|  |  |
| --- | --- |
| Full name & title: Enter Title and full name | Postal address: Enter address  Postcode: Enter postcode |
| Phone: Phone |
| Email: Email | Date of birth: Enter date |
| Previous names (including surname at birth): | Occupation: Enter occupation |
| Do they have any disabilities? Yes  No  If Yes, provide details Provide details | |

Marriage Details

|  |  |
| --- | --- |
| Date of marriage: Enter date | Place of marriage: Enter location |
| Date of separation: Enter date | Had you been married previously?  Yes  No |

Children

If you have children with the person from whom you are separating, please provide:

|  |  |
| --- | --- |
| Forename: Enter first name  Surname: Enter last name  Date of birth: Enter date  Gender: Female  Male  Who does she/he live with?  Provide details  School or educational establishment:  Provide details  Special health needs:  Provide details | Forename: Enter first name  Surname: Enter last name  Date of birth: Enter date  Gender: Female  Male  Who does she/he live with?  Provide details  School or educational establishment:  Provide details  Special health needs:  Provide details |
| Forename: Enter first name  Surname: Enter last name  Date of birth: Enter date  Gender: Female  Male  Who does she/he live with?  Provide details  School or educational establishment:  Provide details  Special health needs:  Provide details | Forename: Enter first name  Surname: Enter last name  Date of birth: Enter date  Gender: Female  Male  Who does she/he live with?  Provide details  School or educational establishment:  Provide details  Special health needs:  Provide details |
| Family Home | Your Income |
| Postal address: Enter address  Postcode: Enter postcode  Estimated property value: £ Enter number  Owners (including %): Enter number  Mortgage: Yes  No  If Yes, amount o/s : £ Enter number  Mortgage company: Provide details  Landlord (if any): Provide details | Salary: £ Enter number  Drawings: £ Enter number  State benefits: £ Enter number  Other (specify): Provide details |
| Other Assets (You) | Other Assets (Your Partner) |
| Savings (total): £: Enter number  Shares: £ Enter number  ISAs: £ Enter number  Pensions: £ Enter number  Other (specify): Provide details | Savings (total): £: Enter number  Shares: £ Enter number  ISAs: £ Enter number  Pensions: £ Enter number  Other (specify): Provide details |