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 addressPostcode: 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 addressPostcode: 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 nameSurname: Enter last nameDate of birth: Enter date Gender: Female [ ]  Male [ ] Who does she/he live with?Provide detailsSchool or educational establishment:Provide details Special health needs: Provide details | Forename: Enter first nameSurname: Enter last nameDate of birth: Enter date Gender: Female [ ]  Male [ ] Who does she/he live with?Provide detailsSchool or educational establishment:Provide detailsSpecial health needs:Provide details |
| Forename: Enter first nameSurname: Enter last nameDate of birth: Enter date Gender: Female [ ]  Male [ ] Who does she/he live with?Provide detailsSchool or educational establishment:Provide detailsSpecial health needs:Provide details | Forename: Enter first nameSurname: Enter last nameDate of birth: Enter date Gender: Female [ ]  Male [ ] Who does she/he live with? Provide detailsSchool or educational establishment:Provide detailsSpecial health needs:Provide details |
| Family Home | Your Income |
| Postal address: Enter addressPostcode: Enter postcodeEstimated property value: £ Enter numberOwners (including %): Enter numberMortgage: Yes [ ]  No [ ] If Yes, amount o/s : £ Enter numberMortgage company: Provide detailsLandlord (if any): Provide details | Salary: £ Enter numberDrawings: £ Enter numberState benefits: £ Enter numberOther (specify): Provide details |
| Other Assets (You) | Other Assets (Your Partner) |
| Savings (total): £: Enter numberShares: £ Enter numberISAs: £ Enter numberPensions: £ Enter numberOther (specify): Provide details | Savings (total): £: Enter numberShares: £ Enter numberISAs: £ Enter number Pensions: £ Enter numberOther (specify): Provide details |