



BLOOM | LINES ALEXANDER LLC

CLIENT QUESTIONNAIRE

Date: _____

	CLIENT:	Opposing Party:
Name:		
Home Address:		
Street:		
City, State, Zip:		
County:		
Mailing Address (if different than above):		
Street:		
City, State, Zip:		
County:		
Other Contact Information (please check box next to the preferred method(s) of contact):		
Home Phone:	<input type="checkbox"/>	
Work Phone:	<input type="checkbox"/>	
Cell Phone:	<input type="checkbox"/>	
Fax No:	<input type="checkbox"/>	
Email Address:	<input type="checkbox"/>	
Employment Information		
Employer:		
Position/Title:		
Annual Salary/Income:		
Amount of income that is Bonus:		
Employed since:		

Children Involved in this Matter

Name:	Date of Birth:	Resides With:

Information on Current Marriage

Date of marriage:		City/State of marriage:	
Date of Separation (i.e. last time you had marital relations):		If applicable, Wife's maiden name:	
Maiden name to be restored?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How long did/have you lived at the marital home?	
How long have you lived in that county?		How long have you lived in Georgia?	
Are you interested in reconciliation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the Opposing Party interested in reconciliation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you tried marriage counseling?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when and with whom?	

Other

Has the Opposing Party consulted an attorney regarding this matter as far as you know?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please indicate the attorney's name:	
Who may we thank for referring you to our firm?	
May we send a thank you letter to the person who referred you to our firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO

