

CLIENT INFORMATION QUESTIONNAIRE

(Revised 03/19/01)

I. PERSONAL FACTS

A. Name: _____

Street Address: _____

City, State Zip: _____

Telephone: Home () - . Work () - .

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

B. Spouse's Name: _____

AKA, if any _____

Street Address: _____

City, State Zip: _____

Telephone: Home () - . Work () - .

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

C. Have you been a resident of California for the last six (6) months? _____
(Yes or No)

Have you been a resident of Los Angeles County for the last three (3) months? _____

(Yes or No)

If not, please state your place of residence for the last six (6) months: _____

D. Have any of your children under age eighteen (18) lived outside the State of California during the last five (5) years? _____

(Yes or No)

E. Have your children lived with any person other than you and/or your spouse? _____

(Yes or No)

(Name(s) of person(s) with whom children lived and dates)

F. Are there any other pending legal proceedings concerning your children?

_____ If yes, please complete:

(Yes or No)

Location of Court: _____ Case No.: _____

G. Children's Name(s), Birthdate(s) and Place(s) of Birth:

1. _____

2. _____

3. _____

4. _____

5. _____

H. Date of Current Marriage: _____

Place of Current Marriage: _____

I. Date of Separation: _____

II. PROPERTY

Please provide the information requested below to the best of your ability. Copies of documents evidencing ownership (deeds, escrow statements, passbooks, pink slips, agreements, etc.) will be helpful. Please do not be limited by the space below in supplying us with the information concerning your assets. Use separate paper where necessary.

A. Family Residence:

1. Address: _____

2. Form of Title (separate property, community property, joint tenancy, tenancy in common): _____

3. Date of Purchase or Acquisition: _____

4. Purchase Price: _____

5. Amount Borrowed at Time of Purchase: _____

6. Loan Balance as of Date of Separation: _____

7. Present Loan Balance: _____

8. Source of Funds for Purchase or Acquisition: _____
9. Source of Funds for Mortgage Payments: _____
10. Approximate Present Fair Market Value (attach appraisals, if available): _____

(Attach copies of deed(s), if available. Also, if more than one residence is involved, please complete items one (1) through ten (10) on separate paper for the other residence(s).)

B. Other Real Property and Commercial Property:

1. Address: _____
2. Form of Title (separate property, community property, joint tenancy, tenancy in common): _____
3. Date of Purchase or Acquisition: _____
4. Purchase Price: _____
5. Amount Borrowed at Time of Purchase: _____
6. Loan Balance as of Date of Separation: _____
7. Present Loan Balance: _____
8. Source of Funds for Purchase or Acquisition: _____
9. Source of Funds for Mortgage Payments: _____
10. Approximate Present Fair Market Value (attach appraisals, if available): _____

(Attach copies of deed(s), if available. Also, if more than one residence is involved, please complete items one (1) through ten (10) on separate paper for the other residence(s).)

C. Household Furniture, Furnishings and Fixtures:

1. Possessions: _____

2. Items of Special Value: _____

3. Insured Items: _____

4. Items Acquired by Gift, Inheritance or Owned Before Marriage: _____

(Attach appraisals and / or inventory, if in existence.)

D. Automobiles:

(Please supply year, make, model, license number, form of title, date of purchase or acquisition, source of funds for down payment, monthly payments, and financing information (creditor, balance, etc.)

1. _____

2. _____

3. _____

4. _____

(Attach copies of pink slips and purchase invoices, if available.)

E. Life Insurance Policies:

(Please indicate name of company, type of policy, policy number, owner beneficiary(s), face amount and cash value.)

1. _____

2. _____

3. _____

4. _____

(Attach copies of policies and documents evidencing loans against policies, if any.)

F. Bank Accounts and Certificates of Deposit:

(Please supply bank name, branch, name and number of account, type of account, approximate balance and source of funds.)

1. _____

2. _____

3. _____

4. _____

(Attach copies of passbooks and most recent bank statements, if available.)

G. Safe Deposit Boxes:

(Include bank name, box number, persons who have access, description of contents.)

1. _____

2. _____

3. _____

4. _____

H. Business Interests:

(Indicate name of business, type of entity, nature of business, date started, other owners, partners or shareholders, percentage of interests, amount and source of funds invested.)

1. _____

2. _____

I. Stocks and Bonds:

(Indicate description, number of shares, market value, location of certificates, source of funds and date acquired.)

1. _____

2. _____

3. _____

J. Pension, Retirement, Profit Sharing Plans:

(Indicate name of employer, name of participant, value of interest, date started.)

1. _____

2. _____

3. _____

K. Assets of Children:

(Indicate description of item(s), owner, value, and person in possession or control.)

1. _____

2. _____

3. _____

4. _____

L. Other Assets:

(Indicate description of item(s), source of funds used to acquire, date acquired, person in possession, and value.)

1. _____

2. _____

3. _____

4. _____

M. Separate Property:

Separate property, as distinguished from community property, is generally described as the property you owned prior to your marriage, or that was acquired by you during your marriage by gift, inheritance, or with the income from your separate property.

(Please indicate below, the items you have described in the above categories (A-L), which you believe to be your separate property and indicate your reasons for such belief. Attach continuation sheets, if necessary.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

III. OBLIGATIONS

(Indicate all presently outstanding debts and obligations, including date incurred, purpose, date due, and terms of repayment. Include educational loans, spouse who obtained the education, and amounts repaid during marriage. Attach continuation sheets, if necessary.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

IV. INCOME

A. Your Employer:

1. Name of Employer: _____
2. Address: _____

3. Phone: _____
4. Occupation / Position: _____
5. Education (Years): _____
6. IF NOT CURRENTLY EMPLOYED:
 - a. When last employed?: _____
 - b. What were your gross monthly earnings?: _____
 - c. Reason for employment termination?: _____

B. Your Spouse's Employer:

1. Name of Employer: _____
2. Address: _____

3. Phone: _____
4. Occupation / Position: _____
5. Education (Years): _____
6. Estimation of Spouse's Gross Monthly Income: _____

7. IF SPOUSE NOT CURRENTLY EMPLOYED:
- a. When last employed?: _____
 - b. What were gross monthly earnings?: _____
 - c. Reason for employment termination?: _____
- _____

C. Your Withholding Information:

- 1. Number of withholding allowances claimed on W-4: _____
- 2. Marital status indicated: _____
- 3. Number of exemptions on last year's federal income tax return: _____

D. Gross Income:

	YOU	SPOUSE
Base salary / wages, including commissions and bonuses during last twelve (12) months	\$ _____	\$ _____
Overtime paid during last twelve (12) months	\$ _____	\$ _____
All other money received during last twelve (12) months, <i>except for welfare, AFDC, spousal support from this marriage or any child support.</i>	\$ _____	\$ _____

Attach separate sheet for all other money received.

Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities. Include income from a business and rental properties. Prepare and attach a schedule showing gross receipts, less cash expenses for each business or rental property. *SPECIFY SOURCES.*

E. Deductions from Gross Income:

	YOU	SPOUSE
1. State Income Taxes	\$ _____	\$ _____
2. Federal Income Taxes	\$ _____	\$ _____
3. Social Security	\$ _____	\$ _____
4. State Disability Insurance	\$ _____	\$ _____
5. Health Insurance	\$ _____	\$ _____
6. Medical and other Insurance	\$ _____	\$ _____
7. Union and other Dues	\$ _____	\$ _____
8. Retirement & Pension Fund	\$ _____	\$ _____
9. Savings Plan	\$ _____	\$ _____
10. Court Ordered Child or Spousal Support – actually being paid for relationship other than that involved in this proceeding	\$ _____	\$ _____
11. Other Deductions (specify)		
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
c. _____	\$ _____	\$ _____

F. Present Monthly Income:
 (if different from twelve (12) month average) \$ _____ \$ _____

(Please explain reason for difference.)

V. LIQUID ASSETS

A. Liquid Assets Under Your Control

- 1. Cash \$ _____
- 2. Checking Accounts \$ _____
- 3. Stocks \$ _____
- 4. Bonds \$ _____
- 5. Life Insurance (cash value) \$ _____
- 6. Other \$ _____
Please specify sources.

B. Liquid Assets Under Spouse's Control

- 1. Cash \$ _____
- 2. Checking Accounts \$ _____
- 3. Stocks \$ _____
- 4. Bonds \$ _____
- 5. Life Insurance (cash value) \$ _____
- 6. Other \$ _____
Please specify sources.

VI. MONTHLY EXPENSES

Please list your monthly expenses as accurately as possible. A review of your check register, receipts and paid bills will help you to accumulate this list. Note that this is not a budget, but the actual amounts that you have been spending in recent months (perhaps prior to separation). Please indicate the time period over which you have averaged the expenses. If you have been unable to spend money on certain items, e.g., clothes or entertainment in recent months, please indicate an estimate of the amounts spent during your marriage when funds were more readily available to make such expenditures.

If your spouse is meeting certain of the below expenses, please indicate the amount, following with "SP pays" ("spouse pays"). If your spouse is meeting such expenses, but you do not know the amount, indicate "UNK-SP" ("unknown-spouse pays"). Where possible, attempt to segregate the expenses between you and your child(ren) with a slash (/), indicating your share first, then the child(ren)'s.

A. List all persons living in your home whose expenses are included below and their income:

Name	Age	Relationship	Gross Monthly Income
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

List all other persons living in your home and their income:

Name	Age	Relationship	Gross Monthly Income
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

YOU / CHILD(REN)

- B. Residence Payments
- 1. Rent/mortgage/deeds of trust: _____
 - 2. Real property taxes and insurance: _____
 - 3. Maintenance
 - a. Repairs: _____
 - b. Gardener: _____
 - c. Housekeeping: _____
 - d. Pool Service: _____
 - e. Other: _____
- C. Food at Home & Household Supplies: _____
- D. Food Eating Out: _____

E. Utilities

1. Gas: _____
2. Electricity: _____
3. Water: _____
4. Garbage: _____
5. Cable T.V.: _____

F. Telephone

1. Home Telephone: _____
2. Mobile Telephone: _____
3. Pagers / Voice Mail: _____
4. Internet Access: _____

G. Laundry & Cleaning: _____

H. Clothing

1. Client: _____
2. Child(ren): _____
3. Shoes: _____
4. Shoe Repair: _____
5. Alterations: _____
6. Other: _____

I. Medical & Dental (Excluding portion covered by Insurance.)

1. Doctor: _____
2. Dentist / Orthodontist: _____
3. Optometrist / Ophthalmologist: _____
4. Psychiatrist / Psychologist: _____

5. Drugs & Medications: _____

6. Other: _____

J. Insurance

1. Life: _____

2. Medical / Hospitalization: _____

3. Homeowner: _____

4. Disability: _____

5. Personal Property: _____

6. Other: _____

K. Child Care

1. Nursery School: _____

2. Babysitters: _____

3. Day Care / After School Care: _____

4. Nanny / Live-In Caretaker: _____

5. Summer Camp: _____

6. Clubs & Organizations: _____

L. Education

1. Lessons: _____

2. Tutors: _____

3. Tuition: _____

4. Books: _____

5. Other: _____

M. Entertainment & Vacations

1. Entertainment: _____

2. Vacations: _____

N. Transportation & Auto Expense

1. Gas / Oil: _____

2. Repairs / Maintenance: _____

3. License: _____

4. Auto Club: _____

5. Car Wash: _____

6. Auto Insurance: _____

7. Parking: _____

8. Public Transportation: _____

O. Installment Payments (total): _____

	Creditor's Name	Purpose	Monthly Payment	Balance as of Date of Separation	Present Balance
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

P. Incidentals

1. Cigarettes: _____

2. Cosmetics: _____

3. Hair Care: _____

4. Nail Care: _____

5. Social and Business Dues: _____

- 6. Subscriptions: _____
- 7. Pets: _____
- 8. Charitable/Political Contributions: _____
- 9. Gifts: _____
- 10. Furniture, Appliances, etc, repair or replacement: _____
- 11. Jewelry / Artwork: _____
- 12. Other: _____

Q. Support

- 1. Present Marriage – Child Support: _____
- 2. Prior Marriage(s) – Child Support: _____
- 3. Present Marriage – Spousal Support: _____
- 4. Prior Marriage(s) – Spousal Support: _____
- 5. Present Marriage – Child(ren)’s Allowance: _____
- 6. Prior Marriage(s) – Child(ren)’s Allowance: _____
- 7. Adult Child Support (Specify if present or prior marriage.): _____
- 8. Parental Support: _____

VII. ADDITIONAL COMMENTS/THINGS WE SHOULD KNOW
