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Initial Consultation Questionnaire

This initial meeting is an opportunity for you to meet with an attorney and discuss your individual family law needs. Family Court cases can be challenging, so it is important to find the right “fit” between the attorney and the client.

It is also important that you are upfront and honest with us, as we can only serve your interests if we are fully informed of your situation. This consultation is strictly confidential. By consulting with us, it does not bind you or our firm to further representation. Rather, if you decide to go further with us, we will both sign an attorney-client contract which will describe, in detail, the attorney-client relationship and our respective rights and responsibilities to one another.

Substantive work can begin on your case when the Attorney-Client contract is signed and the quoted retainer fee is paid in full.

We charge \$300.00 for the initial consultation, and payment will be due prior to your meeting.

The consultation lasts up to one hour. We prefer payment by cash or check but we also accept Visa and MasterCard. By your signature at the completion of this form, you acknowledge you have read this statement and understand the limited nature of today’s meeting as well as the fees and costs. Thank you for meeting with us, and we look forward to working with you and to helping you resolve your family law issues.

Please fill out the following information as fully as possible. If the question does not apply to you, please mark “N/A” in the blank or cross through the question. Your responses to the following questions will assist us in identifying the important issues in your individual case, therefore allowing our time spent together to be as productive as possible.

I. Your Information:

Full Name: _____ Preferred Name: _____

Age: _____ Date of birth: _____ Social Security #: _____

Driver’s License Number: _____

Home Address, City, State, Zip: _____

County (where you reside): _____

Home phone #: _____ Cell phone #: _____

Work phone #: _____ Fax number: _____

Preferred contact #: _____

Personal E-mail address: _____

Is this a private email? Yes No

Occupation: _____ Employer and Employer Address: _____

Average monthly gross income (before taxes and payroll deductions are taken out) (income includes bonuses and commissions): _____

Average monthly net income (“bring home pay”): _____

Any other sources of income (such as social security, social security disability income, food stamps, governmental assistance, assistance from family members/friends, dividend income, trust income, business income, independent contractor income, cash income, etc) _____

How many times per month are you paid?

- Monthly on _____ day of month Weekly on _____ day of week
 Bi-Weekly (for example, every other Friday) Semi-monthly (for example, on 1st and 15th)
 Other (please describe) _____

II. Other party’s information:

Full Name: _____ Preferred Name: _____

Age: _____ Date of birth: _____ Social Security #: _____

Current Driver’s License Number: _____

Address, City, State, Zip Code: _____

County (where other party resides): _____

Occupation: _____

Employer, Employer address, and phone number: _____

Average monthly gross income (before taxes and payroll deductions are taken out) (income includes bonuses and commissions): _____

Average monthly net income (“bring home pay”): _____

Any other sources of income (such as social security, social security disability income, food stamps, governmental assistance, assistance from family members/friends, dividend income, trust income, business income, independent contractor income, cash income, etc.): _____

How many times per month is your spouse/partner paid?

- Monthly on _____ day of month Weekly on _____ day of week
 Bi-Weekly (for example, every other Friday) Semi-monthly (for example, on 1st and 15th)

Other (please describe) _____

III. What are your major concerns and what do you want to learn from our meeting? Check all that apply:

- Uncontested Divorce Divorce on fault grounds (adultery, habitual drunkenness, drug use or physical cruelty) Separation Reaching an agreement with your spouse Mediation
 Collaborative Law Child Custody Child Support Past Due Child Support Visitation
 Division of Assets/Property Division of Debts Adoption Alimony Name Change
 Modification of Prior Order Return to Maiden Name of _____

(Please include maiden name here) Division of Business Grandparent Custody Guardianship
Please explain your goals for this meeting: _____

IV. Information on marriage/relationship and children:

1. Are you currently married? Yes No What is your date of marriage? _____
2. In what state and county were you married? _____
3. If married, are you currently living apart from your partner/spouse? Yes No
If so, what date did you begin living separate and apart from your partner/spouse (date of separation)? _____
4. If not married, how long have you been with your partner? _____
5. Are you living separate from your former partner? _____
6. If you answered yes, a) who moved out of the marital or joint residence? and b) when did he/she move out? _____
7. Do you have any children from this marriage/relationship? Yes No

If so, please list their names, ages and dates of birth (if you have additional children from this marriage, use reverse side of this form):

Child 1: _____ Preferred name: _____

AGE: _____ DOB: _____ Social Security #: _____

Child 2: _____ Preferred name: _____

AGE: _____ DOB: _____ Social Security #: _____

Child 3: _____ Preferred name: _____

AGE: _____ DOB: _____ Social Security #: _____

8. Do you pay child support or receive child support? Pay Child Support Receive Child Support
If so, how much money do you pay/receive per month? _____

9. Are your child(ren) in daycare? If so, what is the name, address and telephone number of the daycare center and state the weekly cost for daycare? _____

Do you or your spouse/partner pay the daycare? _____

10. Are your children in any after-school care? If so, how much does it cost per week? _____

11. Are your children in private school? Yes No If so, how much is the tuition per month? _____

Who pays the tuition? _____

12. If living apart, briefly describe who has custody of the child(ren) and the visitation schedule:

13. Are there any existing court orders for custody, visitation or support? _____

14. Have any recent court actions been filed by you or your former spouse/partner? If so, please explain and attach Court documents to this form. _____

15. Have you and your spouse/partner made any agreements (as to custody, child support, division of assets, payment of bills, etc.)? If so, please briefly explain: _____

16. Have you ever been married before? Yes No If yes, please state your former spouse's name, when you were married and when you were divorced. _____

17. Do you have any children from prior marriages/relationships? If so, please list their names, ages and dates of birth (if you have additional children from a previous marriage, use the reverse side of this form):

Child 1: _____ Preferred name: _____

AGE: _____ DOB: _____

Child 2: _____ Preferred name: _____

AGE: _____ DOB: _____

Do you pay or receive child support for these children? _____

If so, how much do you pay/receive per month? _____

18. Do you pay or receive any alimony/spousal support from your ex-husband or ex-wife? Yes
 No If so, please explain. _____

19. If you have children from a previous marriage/relationship, briefly describe the custody and visitation arrangement.

20. Have you or your partner/spouse ever been charged with or convicted of a crime? Yes
 No If yes, please explain. _____
21. Have you or your partner/spouse ever been investigated by DSS for abuse or neglect of a child?
 Yes No If yes, please explain. _____

22. Are either you or your partner/spouse not U.S. citizens? Yes No If yes, please explain.

23. Have you or your partner/spouse ever applied for social security disability? Yes No
 If yes, please explain. _____
24. Have either you or your partner/spouse filed for bankruptcy? If so, when did you file and is the case resolved? Who was your bankruptcy attorney? _____

25. Credit Score: is your credit score Excellent Good Average Poor

V. Information on Property, Assets, and Debts:

26. Do you own a home with your spouse/partner? Yes No
- If you answered yes,
- a. Is the deed in your name? Yes No
- b. Is the deed in your spouse's name? Yes No
- c. Is the mortgage in your name? Yes No
- d. Is the mortgage in your spouse's name? Yes No
- e. Is there a second mortgage/equity line on the home? Yes No
- f. Is the second mortgage/equity line in your name? Yes No
- g. Is the second mortgage/equity line in your spouse's name? Yes No
- h. What year did you purchase the home? _____
- i. How much is your mortgage(s) per month? 1st Mortgage \$ _____
 2nd Mortgage/Equity Line \$ _____
- j. Who is currently paying the mortgage? (you, your husband or both) _____

- k. What is the principal balance (total amount owed to pay off mortgage) on:
 1st Mortgage \$ _____ 2nd Mortgage/Equity Line \$ _____
- l. What do you estimate is the fair market value of the home (i.e., what it would sell for in today's market)? _____
- m. Are you behind on any mortgage payments? If yes, how many months or how much money are you behind? _____

27. Do you rent your home? _____

If you answered yes,

- a. Is the lease in your name? Yes No
- b. Is the Lease in your partner or spouse's name? Yes No
- c. What is the monthly lease payment? _____
- d. Who pays the lease? (your or your partner or spouse) _____
- e. How much do you each pay towards the lease? _____
- f. When does the lease expire? _____
- g. Are you behind on any rental payments and if yes, how much? _____

28. Please list any other properties you own, either jointly (with partner/spouse), individually or with another person:

Property 1: _____

Property 2: _____

Property 3: _____

29. How many vehicles (cars, trucks, motorcycles) do you and your spouse/partner own? 1 2
 3 4 5

- a. Describe your primary vehicle (make, model, year): _____
- b. How is the vehicle titled? _____
- c. How much are the monthly payments or is this vehicle paid for? _____
- d. Who pays for the car insurance and what is the cost of the insurance (monthly)? _____
- e. Describe your spouse/partner's primary vehicle (make, model, year): _____
- f. How is the vehicle titled? _____
- g. How much are the payments or is this vehicle paid for? _____
- h. How often do you pay insurance? (monthly, quarterly, every 6 mos., once a year) _____
- i. Does this policy cover all vehicles? Yes No
- j. Who pays for the car insurance and what is the cost of the insurance (monthly)? _____

30. Describe your additional cars, trucks, motorcycles, and campers in accordance with the questions above. _____

31. Do you have any boats/recreational vehicles? Yes No If so, please state the year, make, model, date of purchase, and debt/amount owed on the boat. Also state how the boat is titled.

32. Please list all credit cards and state who the primary cardholder is and who is an authorized user, when the card was opened, the balance on the card, and the minimum monthly payment on the card (i.e. Citibank Visa, opened 1/2005, in both names but husband is primary, balance \$5000, minimum monthly payment \$250.00):

Card #1: _____

Card #2: _____

Card #3: _____

Card #4: _____

Card #5: _____

33. Do you have any joint savings, checking, money market/stock accounts, or investment accounts with your spouse/partner? Yes No If so, please describe: _____

34. Do you have any individual savings, checking, money market, or investment accounts (not with your partner or spouse)? If so, please describe. _____

35. Do you have any type of retirement account (401k, IRA, pension, military retirement, etc.)? If so, please state when the account was started/opened and the amount of money (or anticipated annuity) in the account currently (if you have additional accounts, use the back of this form):

IRA: _____

Pension: _____

401K: _____

Other retirement account: _____

36. Does your spouse/partner have any type of retirement account (401k, IRA, pension, military retirement, etc.)? If so, please state when the account was started/opened and the amount of money (or anticipated annuity) in the account currently (if your spouse has additional accounts, use the back of this form):

IRA: _____

Pension: _____

401K: _____

Other retirement account: _____

37. Do you and your spouse own any businesses together? If so, please explain:

38. Do you currently have medical/dental/vision insurance? *Medical* Yes No *Vision* Yes
No *Dental* Yes No

○ Is this a family plan? Yes No

○ Are you and your spouse on the plan? Yes No

○ Are the child(ren) on the insurance? Yes No

Is this plan provided by you or your spouse? _____

Is the plan through your employer or your spouse's employer? _____

What is the monthly premium for all individuals on the plan? _____

What is the monthly premium for the children only? _____

If you pay for a monthly family plan, how much does it cost for your spouse only? _____

39. Are you or your partner/spouse behind on any bills? If so, please explain.

40. Have you ever had an attorney represent you in this action? _____

If so, what is his/her name? _____

Is the attorney still involved in your case? _____

Is there a balance owed to that attorney? _____

41. If yes, please describe: _____

42. Do you or your partner/spouse have any medical conditions that could affect your case? If yes, please describe: _____

43. Do you or your partner/spouse take any prescription medication which could affect your case? If yes, please describe: _____

44. Are either you or your partner/spouse at fault (or arguably at fault)? If so, please explain (adultery, habitual drunkenness, drug use or abuse (prescription drugs or illegal drugs or physical cruelty)? _____

45. Do you think your partner/spouse will allege that you are at fault (even if you aren't)? If so, what will he/she possibly say? _____

46. Is there anything else the attorney should know to help answer your questions? _____

47. How did you hear about us? (check one):

Yellow Pages Television Appearance

Web site, www.charlestonfamilylaw.com

Mediation Center of Charleston, Collaborative Law Institute or Center for Women program/Web site

Referral from friend/client _____

Referral from other professional (attorney, psychologist, therapist, accountant, etc.):

Other _____

I certify that the answers provided on the Initial Consultation Questionnaire are true and correct to the best of my knowledge.

Signature: _____ Date: _____