



*The Law Office of Chris Scott*

*1106E Harrison Avenue  
Panama City, FL 32401*

*Chris@ChrisScottLaw.com  
850-381-8536*

**FAMILY LAW CASE QUESTIONNAIRE**

This form is extremely important. Your accuracy and completeness in responding will help our office represent you.

Date: \_\_\_\_\_

**A. CLIENT DATA**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Check if our office can call number  
and what is the best time to call.

Home Phone: \_\_\_\_\_  \_\_\_\_\_

Work Phone: \_\_\_\_\_  \_\_\_\_\_

Cell Phone: \_\_\_\_\_  \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

U.S. Citizen?       Yes                       No

Active Military?     Yes                       No

Veteran?             Yes                       No

If Yes, what branch? \_\_\_\_\_

Is your spouse Active Military/Veteran?  Yes                       No

If Yes, Active or Veteran?                       Active                       Veteran

Has the Husband been a resident of the state of Florida for the past 6 months?  Yes       No

Has the Wife been a resident of the state of Florida for the past 6 months?       Yes       No

**B. MARITAL INFORMATION**

Date of Marriage: \_\_\_\_\_  
Place of Marriage: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Address of Spouse: \_\_\_\_\_

**C. MINOR CHILDREN**

Do you have any minor children from this marriage?  Yes  No  
If yes, please provide their name, date of birth and social security number.

<b>Name</b>	<b>DOB</b>	<b>SSN</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any children from a previous marriage?  Yes  No  
If yes, please provide their name, date of birth and social security number.

<b>Name</b>	<b>DOB</b>	<b>SSN</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you/is your wife currently pregnant?  Yes  No

**D. CHILD SUPPORT**

Have you and your spouse agreed to a child support amount?  Yes  No  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**E. MISCELLANEOUS**

Do you have any legal issues that I should be aware of?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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Are there any difficult family dynamics that could impact your divorce?  Yes  No

If yes, please provide information: \_\_\_\_\_

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Is your spouse willing to waive formal service of court documents (in lieu of having a sheriff serve the papers)?  Yes  No

**F. REFERRAL**

Who referred you to our office? \_\_\_\_\_

**G. BUSINESS INTERESTS**

If client has an ownership interest in a business (whether sole proprietorship, corporation, or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.) please provide copies.

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The undersigned hereby represents to the Law Office of Chris Scott that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by the Law Office of Chris Scott may not be appropriate.

\_\_\_\_\_  
Signature of Client or Client Representative

\_\_\_\_\_  
Date