
FAMILY LAW QUESTIONNAIRE

Martin Delaney & Ricci Law Group

USING THIS DOCUMENT WILL ASSIST US IN THE CONSULT, SETTLEMENT AND LITIGATION PROCESS.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE BEFORE THE CONSULTATION VIA EMAIL AT brittany@mdrvt.com and mark@mdrvt.com.

Brittany A. LaBerge, Esq.



Client Information		
Name:		
DOB:	Birthplace:	SSN:
Telephone		
Cell:	Leave Voicemail?	Y <input type="checkbox"/> N <input type="checkbox"/>
Home:	Leave Voicemail?	Y <input type="checkbox"/> N <input type="checkbox"/>
Work:	Leave Voicemail?	Y <input type="checkbox"/> N <input type="checkbox"/>
Physical Address:	Mailing Address (if different from physical):	
Employer:	Employer Address:	
Annual Gross Income:	Email Address:	

Opposing Party Information		
Name:		
DOB:	Birthplace:	SSN:
Telephone		
Cell:		
Home:		
Work:		
Physical Address:	Mailing Address (if different from physical):	
Employer:	Employer Address:	
Annual Gross Income:	Email Address:	
Attorney (if known):		

Relationship Information		
Place of Marriage Town/State:	Date of Marriage:	Date of Separation:
Self/Spouse's Former Name:		
Date you first resided in VT continuously:		
Date your spouse first resided in VT continuously:		

*****If there are no minor children please move on to page 6*****

Children Information			
Name:	DOB:	SSN:	Previous Relationship: <input type="checkbox"/>
Name:	DOB:	SSN:	Previous Relationship: <input type="checkbox"/>
Name:	DOB:	SSN:	Previous Relationship: <input type="checkbox"/>

Where children lived the last 5 years		
Address:	Start: End:	Who lived there:
Address:	Start: End:	Who lived there:
Address:	Start: End:	Who lived there:
Address:	Start: End:	Who lived there:

Parental Rights and Responsibilities	
1. Is there a Final Order in place over legal and physical decision making?	Y <input type="checkbox"/> N <input type="checkbox"/>
<p><i>If no to question 1, please proceed to question 2.</i></p> <p><i><u>If yes, please provide a copy of the current Order and proceed to questions 3 and 4.</u></i></p>	
<p>2. Please answer the following in as much detail as possible:</p> <p>a. How do you show your child(ren) they are loved?</p> <p>b. How do you help your child(ren) through difficult situations?</p> <p>c. Are you able to provide food, clothing, medical care, and a safe environment? How so?</p> <p>d. How do you help your child(ren) grow in school and as a person right now?</p> <p>e. How will you help them in the future?</p> <p>f. How long has your child(ren) been in their current school?</p>	

- g. How long has your child(ren) lived with you in your current home?
- h. What ties do you and your child(ren) have to the community?
- i. If your child(ren) are having difficulties with the other parent, what do you do?
- j. How often do your child(ren) contact the other parent while with you?
- i. Does this bother you?
 - ii. What happens if the child(ren) are unavailable when the other parent tries to call?
- k. How do you and the other parent interact with each other in front of the child(ren)?
- l. Who does the following for the child(ren):
- | | | | |
|---|----|--------------|-------|
| i. Set up the Doctor Appointments – | Me | Other Parent | Other |
| ii. Take them to the Doctor – | Me | Other Parent | Other |
| iii. Set up the dentist appointments – | Me | Other Parent | Other |
| iv. Take them to the dentist – | Me | Other Parent | Other |
| v. Go to parent teacher conferences – | Me | Other Parent | Other |
| vi. Go to school events (theater, concerts, sports games, etc.) – | Me | Other Parent | Other |
| vii. Read/play with them – | Me | Other Parent | Other |
- m. Who else is part of your child(ren)'s life?
- n. How is the relationship between the child(ren) and the individuals you listed in "m"?
- o. How do you communicate with the other parent primarily? (*text, email, facebook, phone, in person*)
- p. How are you both able to cooperate and make joint decisions about the child(ren)?
- q. What difficulties are there when making joint decisions?
- r. Have you or the other parent ever tried to hurt the child(ren)?
- s. Have you or the other parent actually hurt the child(ren)?
- t. Has the child(ren) been scared of you or the other parent?

3. Do you want to request legal decision making be changed?	Y <input type="checkbox"/> N <input type="checkbox"/>
<p>If yes, what has happened since the current Order was signed that supports your request to change legal decision making? <i>Examples: breakdown in communication; interference with visitation rights; relocation; unexpected change; etc.</i></p>	
4. Do you want to request physical decision making be changed?	Y <input type="checkbox"/> N <input type="checkbox"/>
<p>If yes, what has happened since the current Order was signed that supports your request to change physical decision making? <i>Examples: allegations of abuse; unexpected change; relocation to another school district; etc.</i></p>	

Child Support	
1. Is there a child support order in place?	Y <input type="checkbox"/> N <input type="checkbox"/>
<p>If no to question 1, please provide a copy of the following:</p> <ul style="list-style-type: none"> • Last four (4) paystubs; • Receipts/invoices for child care or after school activities; • If covered by private medical insurance please provide a picture of the insurance card; • If covered by state medical insurance please provide whatever information possible below: <p style="text-align: center;"> _____ _____ _____ </p> <p>If yes, please provide a copy of the current Order and proceed to questions 2 and 3.</p>	
2. Has income changed for: You Child's other parent	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
3. Is the current child support order 3 or more years old?	Y <input type="checkbox"/> N <input type="checkbox"/>

Miscellaneous	
1. Have there been any previous actions for divorce, separation or relief from abuse filed? Y <input type="checkbox"/> N <input type="checkbox"/>	
If yes to question 1, please provide who was involved and when the previous action was filed:	
2. Have you served or is currently serving in the military? Has the other party served or is currently serving in the military?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
3. Are you self-employed or have any interest in a business? Is the other party self-employed or have any interest in a business?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
4. Are you a beneficiary for a will or trust? a. Please provide a copy of the document with this questionnaire.	Y <input type="checkbox"/> N <input type="checkbox"/>
5. Do you receive income from Trusts or inherited assets? Does the other party receive income from Trusts or inherited assets?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
6. Do you have health insurance coverage? Does your spouse have health insurance coverage?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
7. Has there been a history of abuse? a. Physical b. Emotional c. Psychological	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
8. Has there been adultery by either yourself or your spouse? a. If yes, please indicate by who and for how long	Y <input type="checkbox"/> N <input type="checkbox"/>
9. Do you currently have a Will or an Estate plan?	Y <input type="checkbox"/> N <input type="checkbox"/>
10. Do you currently have a Financial Advisor?	Y <input type="checkbox"/> N <input type="checkbox"/>
11. Do you currently have a Tax Consultant or someone who helps with your taxes?	Y <input type="checkbox"/> N <input type="checkbox"/>

Any other information that should be brought to the attorney's attention?
