

# THE BURDETTE LAW FIRM

## CONFIDENTIAL DIVORCE QUESTIONNAIRE

**Today's date:** \_\_\_\_\_

Last Name:	First Name:	Middle Initial:
Social Security Number:	Your date of birth:	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Last Name (if different):	Spouse's First Name	Spouse's Middle Initial:
Spouse's Social Security Number:	Spouse's date of birth:	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Home Address: _____				
Street	City	County	State	Zip
Home phone:	Cell phone:	Email:		
Home fax:	Spouse's cell phone:	Spouse's email:		

Your Employer: \_\_\_\_\_

Work phone:	Work fax:	Work email:
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Spouse's Employer: \_\_\_\_\_

Work phone:	Work fax:	Work email:
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<p>Referred to office by (please check one):</p> <p><input type="checkbox"/> Hyatt/MetLife Legal Plan - Member no. _____</p> <p><input type="checkbox"/> ARAG – Member no. _____</p> <p><input type="checkbox"/> Legal Club of America – Member no. _____</p> <p><input type="checkbox"/> Family member _____</p> <p><input type="checkbox"/> Friend _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Reason why you're here today (check all that apply):</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Business Matters</p> <p><input type="checkbox"/> Divorce Matters</p> <p><input type="checkbox"/> Durable Power of Attorney for Health Care Decisions</p> <p><input type="checkbox"/> General Durable Power of Attorney</p> <p><input type="checkbox"/> Living Will</p> <p><input type="checkbox"/> Post-Decree Custody/Child Support Matters</p> <p><input type="checkbox"/> Real Estate Matters</p> <p><input type="checkbox"/> Tax Matters (Planning, preparation, audit representation, etc.)</p> <p><input type="checkbox"/> Trust (Revocable, Irrevocable, Life Insurance, etc.)</p> <p><input type="checkbox"/> Will</p> <p><input type="checkbox"/> Other _____</p>
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For office use only

## STATISTICAL INFORMATION REQUIRED BY THE TENNESSEE DEPARTMENT OF HEALTH

Husband's name (First, Middle, Last)			Social Security Number		
Residence – State		County		City, Town or Location	
Husband's Race	Number of this marriage	If previously married, last marriage ended (specify below)  <input type="checkbox"/> Not previously married <input type="checkbox"/> By death <input type="checkbox"/> By divorce or annulment		Education – Specify highest grade completed:  Elementary or Secondary (0-12) ____ College (1-4 or 5+) ____	
Street and Number		Birthplace (County and State or Foreign Country)		Date of Birth (Month, Day, Year)	
Wife's name (First, Middle, Last)		Maiden Name		Social Security Number	
Residence – State		County		City, Town or Location	
Wife's Race	Number of this marriage	If previously married, last marriage ended (specify below)  <input type="checkbox"/> Not previously married <input type="checkbox"/> By death <input type="checkbox"/> By divorce or annulment		Education – Specify highest grade completed:  Elementary or Secondary (0-12) ____ College (1-4 or 5+) ____	
Street and Number		Birthplace (State or Foreign Country)		Date of Birth (Month, Day, Year)	
Place of this Marriage – State (or foreign country)		County	Date of this Marriage (Month, Day, Year)	Date Couple Last Resided in Same Household (Month, Day, Year)	
Number of children ever born alive of this marriage (specify)	Children under 18 in this family (specify)	Number of children under 18 whose physical custody was awarded to:  <input type="checkbox"/> No children    Husband ____    Wife ____    Joint (Husband/Wife) ____    Other ____			

### INFORMATION ABOUT MINOR CHILDREN

If you have minor children, please bring a copy of the following to your consultation:

1. Your most recent pay stub
2. Your spouse's most recent pay stub
3. Your most recent W-2
4. Your spouse's most recent W-2
5. You and your spouse's tax returns for the past three (3) years

1. Child's Full Legal name		Social Security Number	Date of birth	Place of birth
Places where the child has lived within the last <u>five</u> years:				
Address		Length of time there	With whom did the child live at this address?	
Address		Length of time there	With whom did the child live at this address?	

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2. Child's Full Legal name	Social Security Number	Date of birth	Place of birth
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Places where the child has lived within the last <u>five</u> years:		
Address	Length of time there	With whom did the child live at this address?
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Address	Length of time there	With whom did the child live at this address?

3. Child's Full Legal name	Social Security Number	Date of birth	Place of birth
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Places where the child has lived within the last <u>five</u> years:		
Address	Length of time there	With whom did the child live at this address?
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Address	Length of time there	With whom did the child live at this address?
Address	Length of time there	With whom did the child live at this address?

4. Child's Full Legal name	Social Security Number	Date of birth	Place of birth
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Places where the child has lived within the last <u>five</u> years:		
Address	Length of time there	With whom did the child live at this address?
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Address	Length of time there	With whom did the child live at this address?
Address	Length of time there	With whom did the child live at this address?

## GROUNDS FOR DIVORCE

- ☐ None – we have agreed to proceed on the basis of irreconcilable differences
- ☐ Inappropriate marital conduct
- ☐ Adultery
- ☐ Habitual Drunkenness or Abuse of Narcotic Drugs
- ☐ Abandonment
- ☐ Other \_\_\_\_\_

What caused the breakdown of your marriage? \_\_\_\_\_

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### **PLEASE READ CAREFULLY AND SIGN BELOW**

Following your initial consultation, if you agree to hire THE BURDETTE LAW FIRM and THE BURDETTE LAW FRIM agrees to represent you, you will both sign a Contract For Legal Services. The Contract for Legal Services will set forth the terms and conditions of representation.

If THE BURDETTE LAW FIRM is willing to represent you and you decide not to sign a Contract for Legal Services at your initial consultation, you are strongly urged to schedule a second appointment with THE BURDETTE LAW FIRM at the earliest possible time or to immediately consult with other legal counsel to protect your rights.

**NOTICE:** THE BURDETTE LAW FIRM does not represent you with regard to the matters set forth herein in this questionnaire or discussed during your initial consultation **unless and until** both you and THE BURDETTE LAW FIRM execute a written Contract for Legal Services.

If THE BURDETTE LAW FIRM does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this questionnaire, or any other matters you may discuss with THE BURDETTE LAW FIRM, or any of its attorneys during your consultation. If your legal issues involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statue of Limitations. Therefore, THE BURDETTE LAW FIRM strongly urges you to **immediately** consult with another attorney to protect your rights. The decision by THE BURDETTE LAW FIRM not to represent you should not be taken by you as an expression regarding the merits of your case.

**Your signature below acknowledges only that you received a copy of this completed information sheet and does not mean that you have hired THE BURDETTE LAW FIRM.**

**Signature:** \_\_\_\_\_

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

