



THE LAW OFFICES OF ROBERT E. GORDON, LLC

FAMILY LAW INTAKE QUESTIONNAIRE

Personal Information	
Full Name _____	Date _____
(maiden)	How _____
Street Address _____	Long _____
City, County, State, Zip _____	Race _____
DOB _____ / ____ / ____	SSN _____ - ____ - ____
Drivers License Number & State _____	
City / State of Birth _____	Highest Level of Education _____
Name and Address Primary Employer _____	Salary _____
Primary Email _____	
Secondary Email _____	
Home Ph. _____	Work Ph. _____
Mobile Ph. _____	Alt. Ph. _____

1. What is your reason for visiting? _____

2. Have you consulted with our office before? Y N
3. Have you consulted/hired another attorney? Y N
- a. If so, name of attorney and date consultation/hire? _____
4. How did you hear about our office? _____
5. Upcoming court dates, include the location of the hearing: _____

CONTINUED ON NEXT PAGE

Child Information						
	Full Name	DOB	Age	Social Security Number	State of Residence for last 180 days	Name of other parent
1						
2						
3						
4						
5						

Previous / Current Marriage Information							
	Name of Spouse /Significant Other	Date Married	City, County, State of Marriage	Date of Separation	How Marriage Ended	Date of End of Marriage	No. of Children
1							
2							
3							

WHO IS THE OTHER PARTY?			
Full Name	_____	Active Military	Y N
	(maiden)		
Street Address	_____	How long at address	_____
City, County, State, Zip	_____	Race	_____
DOB	____ / ____ / ____	SSN	____ - ____ - ____
Drivers License Number & State	_____		
City and State of Birth	_____	Highest Level of Education	_____
Primary Employer	_____	Salary	_____
Secondary Employer	_____	Salary	_____
Home Ph.	_____	Work Ph.	_____
Mobile Ph.	_____	Alt. Ph	_____