



ACOSTA LAW OFFICE P.C.

YOUR DEDICATED LAWYER
ATTORNEY AT LAW

JOHN M. ACOSTA JR., ESQ.
205 EAST JEFFERSON STREET
VALPARAISO, INDIANA 46383

PHONE (219) 228-8899
FAX (219) 228-8899

CONFIDENTIAL QUESTIONNAIRE

Name: _____

Date: _____

PLEASE PRINT YOUR ANSWERS CLEARLY AND LEGIBLY. PLEASE NOTE: A PERSON WHO DISCUSSES WITH A LAWYER THE POSSIBILITY OF FORMING A CLIENT-LAWYER RELATIONSHIP MAY NOT ACTUALLY FORM A CLIENT-LAWYER RELATIONSHIP UNTIL OR UNLESS AN EMPLOYMENT CONTRACT IS SIGNED AND THE REQUESTED RETAINER IS PAID. UNTIL THAT TIME, YOU ARE ONLY A PROSPECTIVE CLIENT. AS A PROSPECTIVE CLIENT, DO NOT REVEAL MORE INFORMATION THAN IS REASONABLY NECESSARY TO ANSWER YOUR QUESTIONS AND/OR DECIDE WHETHER OR NOT YOU WISH TO RETAIN THIS FIRM.

Objective: Please state in your own words your expected result and the purpose for which you are considering retaining this office:

CLIENT BACKGROUND INFORMATION

Name: _____

Present Address: _____

City/State/Zip Code: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

Length of Residence in the State of Indiana: _____

Length of Residence in County and Which: _____

Home Number: _____

Work Number: _____

Cell Number: _____

Email Address: _____

Social Security Number: _____

Date of Birth: _____

Maiden Name: _____

Should it be restored: _____

Education level at time of marriage: _____

Current education level: _____

Did the marriage interrupt education, training, or employment due to homemaking or child care responsibilities? _____

Condition of your mental and physical condition: _____

Physical Characteristics: Eye Color: _____ Hair Color: _____
 Height: _____ Weight: _____

YOUR EMPLOYMENT HISTORY

Name of Employer: _____
Address: _____
Phone: _____ Date Employment Began: _____
Title: _____ Payroll/Badge Number: _____
Gross Weekly Income: _____
History of other employment during marriage: _____

SPOUSE'S BACKGROUND INFORMATION

***IF THIS IS A PATERNITY ACTION OR A POST-DECREE ACTION, "SPOUSE"
REFERS TO YOUR CHILD'S OTHER PARENT OR YOU EX-SPOUSE.**

Name of Spouse: _____
Present Address: _____
City/State/Zip Code: _____
Length of Residence in the State of Indiana: _____
Length of Residence in County and Which County: _____
Home Number: _____ Work Number: _____
Cell Number: _____ Email Address: _____
Social Security Number: _____ Date of Birth: _____
Maiden Name: _____ Should it be restored: _____
Education level at time of marriage: _____
Current education level: _____
Did the marriage interrupt education, training, or employment due to homemaking or child care responsibilities? _____
Condition of your mental and physical condition: _____

Physical Characteristics: Eye Color: _____ Hair Color: _____
 Height: _____ Weight: _____

SPOUSE'S EMPLOYMENT INFORMATION

***IF THIS IS A PATERNITY ACTION OR A POST-DECREE ACTION, "SPOUSE"
REFERS TO YOUR CHILD'S OTHER PARENT OR YOU EX-SPOUSE.**

Name of Employer: _____
Address: _____
Phone: _____ Date Employment Began: _____
Title: _____ Payroll/Badge Number: _____
Gross Weekly Income: _____
History of other employment during marriage: _____

MARRIAGE INFORMATION

Date of Marriage: _____ City/State of Marriage: _____

Date of Separation: _____

Has Petition for Dissolution been filed by either party? _____

Date of Filing: _____

Allegations of Abuse (Explain): _____

Police report(s) made? _____

Which Police or Sheriff's Departments? _____

Is the Mother Pregnant? _____ If yes, due date? _____

If the parties are separated, number of overnights which the non-custodial parent exercises with the child or children per calendar year? _____

PERVIOUS MARRIAGES

CLIENT

Date of Marriage #1: _____ Date of Divorce #1: _____

Date of Marriage #2: _____ Date of Divorce #2: _____

YOUR CHILDREN FROM PREVIOUS MARRIAGES OR RELATIONSHIPS

Name	D.O.B.	SSN	School/Grade	Child Support Amount	Residence
------	--------	-----	--------------	----------------------	-----------

SPOUSE

Date of Marriage #1: _____ Date of Divorce #1: _____

Date of Marriage #2: _____ Date of Divorce #2: _____

YOUR CHILDREN FROM PREVIOUS MARRIAGES OR RELATIONSHIPS

Name	D.O.B.	SSN	School/Grade	Child Support Amount	Residence
------	--------	-----	--------------	----------------------	-----------

EMPLOYMENT BENEFITS

CHECK ANY WHICH APPLY

TYPE OF BENEFIT	YOU	SPOUSE	COST	COMPANY
Medical Insurance	_____	_____	_____	_____
Disability Insurance	_____	_____	_____	_____
Stock Options	_____	_____	_____	_____
Pension Plan	_____	_____	_____	_____
Military Retirement	_____	_____	_____	_____
Annuities	_____	_____	_____	_____
401 K	_____	_____	_____	_____
ESOP	_____	_____	_____	_____
Company Car	_____	_____	_____	_____
Other Perks	_____	_____	_____	_____

YOUR PENSION PLAN

Value of Interest: _____ Date: _____ Date of Hire: _____
 Name of Plan: _____ Trustee: _____
 Address: _____ Contact Person: _____
 Number of years contributions made: _____ Vested: _____

SPOUSE’S* PENSION PLAN

***IF THIS IS A PATERNITY ACTION OR A POST-DECREE ACTION, “SPOUSE” REFERS TO YOUR CHILD’S OTHER PARENT OR YOU EX-SPOUSE.**

Value of Interest: _____ Date: _____ Date of Hire: _____
 Name of Plan: _____ Trustee: _____
 Address: _____ Contact Person: _____
 Number of years contributions made: _____ Vested: _____

NOTE: IF THIS IS A POST-DECREE MATTER OR A PATERNITY MATTER, YOU MAY STOP NOW. IF THIS IS AN INITIAL DIVORCE, PLEASE CONTINUE.

MARITAL RESIDENCE

Address: _____
 Titled (Husband/Wife/Joint): _____ Date of Purchase: _____
 Purchase Price: _____ Down Payment: _____
 Source: _____
 Present Value: _____ Current Debt: _____
 First Mortgage Company: _____
 Original Amount: _____ Balance: _____ Monthly Payment: _____
 Second Mortgage Company: _____
 Original Amount: _____ Balance: _____ Monthly Payment: _____
 Current Equity (Present Value – Total Debt): _____

SECURITIES
(Stocks, Bonds, etc.)

Company	Ownership (Husband/Wife/Joint)	# of Shares	Total Value

LIFE INSURANCE

Company/ Policy Number	Ownership (Husband/Wife/Joint)	Death Beneficiary	Type of Benefit	Cash Value

BUSINESS OWNED BY THE PARTIES

(Indicate name, type of business, present value, present indebtedness, income and benefits derived to you or your spouse)

DEBTS

(Itemized all credit cards, medical expenses, credit unions, and other debts)

GIVE YOUR REASONS FOR WANTING A DIVORCE
