

**CAIN & HERREN**  
A LAW CORPORATION

**Consultation Questionnaire**

*Thank you for consulting with us. We've found this questionnaire to be the best way to start. It may seem lengthy, but it will save you time in the long run. We do not mean to pry into your personal affairs, but we must have enough information to provide you with a meaningful consultation. It is important that you be as honest, accurate, and complete as possible, because your consultation will only be as good as the information you provide. Whether you retain us or not, this information will be kept in the strictest confidence possible.*

**I. PERSONAL INFORMATION**

Your full name: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Preferred method of  
Contact: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth (city and state): \_\_\_\_\_

Your home address: \_\_\_\_\_  
\_\_\_\_\_

Your mailing address: \_\_\_\_\_  
\_\_\_\_\_

How Long Have You Lived in Hawaii? \_\_\_\_\_ On Maui? \_\_\_\_\_

Social security #: \_\_\_\_\_ DL # and State: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Employer address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

**II. GENERAL INFORMATION ABOUT YOUR FAMILY LAW ISSUE**

Briefly State Why You Are Here and What You Are Seeking:

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Are you seeking a Divorce? \_\_\_\_\_

If already divorced, date of Divorce: \_\_\_\_\_

Check all issues that apply or you believe may apply:

- \_\_\_\_\_ Child Support
- \_\_\_\_\_ Child Custody (Physical - where, when and with whom child will live)
- \_\_\_\_\_ Child Custody (Legal - legal/medical decisions made regarding the child)
- \_\_\_\_\_ Alimony (spousal support)
- \_\_\_\_\_ Property (asset or debt) Division
- \_\_\_\_\_ Ex-Spouse or Ex-Partner not complying with prior court Order
- \_\_\_\_\_ Paternity
- \_\_\_\_\_ Violence/Abuse
- \_\_\_\_\_ Occupancy of your current residence

Do you anticipate this action will be: [ ] contested, or [ ] uncontested by the opposing party

If contested, which terms will he/she contest? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have children? [ ] NO [ ] YES

If yes, please give full name, date of birth and sex of each child, and indicate whether the child was born of this marriage/relationship or a former marriage/relationship of your spouse or yourself.

First            Middle            Last            Sex    Birthdate            Age    Ours/Mine/Spouse's

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

For each child identified above, state who the legal parents of each child are, and who the present custodians of the child(ren) is/are: (examples: Wife, Husband, Mother, Father, Joint, Other)

Date of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Date you and your spouse began living together: \_\_\_\_\_

Place of Marriage (city, state): \_\_\_\_\_

Is there a pending court proceeding/hearing at this time? [ ] NO [ ] YES –

If Yes, date filed: \_\_\_\_\_ Court Hearing Date: \_\_\_\_\_

Do you and your spouse now reside at separate residences?\_\_\_\_\_. If so, when did you and your spouse last separate and, if there were earlier separations, during what periods did those earlier separations occur, and what were the surrounding circumstances?

Describe your prior marriages:

Name of prior spouse:\_\_\_\_\_

**Duration**  
(Month/Year to Month/Year)

**How was it Terminated?**  
(Divorce, Annulment, Death)

**State**

Your Education	Name & Location	Dates Attended	Degree Conferred	Field of Study
High School				
College/Trade School				
Post College				
Other				

**III. INFORMATION ABOUT YOUR SPOUSE:**

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth (city, state): \_\_\_\_\_

Phone - home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Mailing address (if different from above): \_\_\_\_\_

How Long Has Your Spouse lived in Hawaii? \_\_\_\_\_ On Maui? \_\_\_\_\_

Others currently residing in same household with him/her: \_\_\_\_\_

SS #: \_\_\_\_\_ DL # and State: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Employer's address: \_\_\_\_\_

Spouses' Education	Name & Location	Dates Attended	Degree Conferred	Field of Study
High School				
College/Trade School				
Post College				
Other				

Describe your spouse's prior marriages:

Name of prior spouses: \_\_\_\_\_

**Duration**  
(Month/Year to Month/Year)

**How was it Terminated?**  
(Divorce, Annulment, Death)

**State**

