
FAMILY LAW QUESTIONNAIRE

DL Vermont, PLLC

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@dlvermont.com and office@dlvermont.com.

Brittany A. LaBerge, Esq.



DL Vermont, 14 N. Main Street, Ste. 3002, Barre, VT 05641

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 4*****

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

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"/>
2. Do you want to request legal decision making be changed?	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Do you want to request physical decision making be changed?	Y <input type="checkbox"/> N <input type="checkbox"/>

Child Support	
1. Is there a child support order in place?	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Has income changed for:	
You	Y <input type="checkbox"/> N <input type="checkbox"/>
Child's other parent	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"/>

*If there are any Court Orders please make sure to bring or send a copy of them prior to our scheduled consult.

Miscellaneous		
1. 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"/>
2. Do you have health insurance coverage? Does your partner have health insurance coverage?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3. Has there been a history of abuse? a. Physical b. Emotional c. Psychological	Y <input type="checkbox"/>	N <input type="checkbox"/>
4. Do you currently have a Will or an Estate plan?	Y <input type="checkbox"/>	N <input type="checkbox"/>
5. Do you currently have a Financial Advisor?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6. Do you currently have a Tax Consultant or someone who helps with your taxes?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7. Do you have a co-owned home with your partner?	Y <input type="checkbox"/>	N <input type="checkbox"/>

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