

GENERAL QUESTIONNAIRE

1. CLIENT

Full Legal Name: _____

Physical Address: _____

_____ County: _____

***Mailing Address (if different): _____

_____ County: _____

Email Address: _____

Phone #: (home) _____ (mobile) _____

Date of Birth: _____ Social Security # _____

U.S. Citizen: _____ YES _____ NO Georgia Resident: _____ YES _____ NO

Occupation/Employer: _____

Employer's Address: _____

Work Phone #: _____

Military: _____ Not Applicable _____ Active _____ Retired

Education: _____ High School _____ College _____ Other

Special Skills: _____

Place of Birth: _____

Other Names: _____

2. OTHER PARTY

Name: _____

Address.: _____

_____ County: _____

Phone #: (home) _____ (mobile) _____

Date of Birth: _____ Social Security # _____

U.S. Citizen: _____ YES _____ NO Georgia Resident: _____ YES _____ NO

Occupation/Employer: _____

Employer's Address: _____

Work Phone #: _____

Military: _____ Not Applicable _____ Active _____ Retired

Education: _____ High School _____ College _____ Other

Special Skills: _____

Place of Birth: _____

Other Names: _____

3. OTHER PARTY'S ATTORNEY (If Applicable, Please Circle)

Name of Attorney: _____

Address.: _____

Phone #: _____

Email Address: _____

4. RELATIONSHIP TO OTHER PARTY

Date Relationship Began: _____

Date of Separation: _____

Details of Separation: _____

5. PREVIOUS LEGAL MATTERS

Has any other legal actions be filed by you and/or the other party? _____ YES _____ NO

Who filed? _____

When was it filed? _____

When is the Answer due? _____

Has an Answer been filed? _____

County filed in: _____

Case #: _____

Judge: _____

Has there ever been any family violence action filed between the parties? _____ YES _____ NO

Who filed? _____

When was it filed? _____

County filed in: _____

Case #: _____

Judge: _____

Resolution of Case? _____

Facts of the Case? _____

6. MONTHLY INCOME AND DEDUCTIONS OF THE PARTIES

MONTHLY GROSS INCOME

CLIENT

OTHER PARTY

Salary, Wages, Commissions, Tips \$ _____ \$ _____

Allowances \$ _____ \$ _____

Salary paid (i.e. paid weekly / bi-weekly) \$ _____ \$ _____

Social Security \$ _____ \$ _____

Unemployment / Disability Compensation \$ _____ \$ _____

Welfare / AFDC \$ _____ \$ _____

Child Support / Alimony (previous marriage) \$ _____ \$ _____

Dividends / Interest \$ _____ \$ _____

Other (Specify) _____ \$ _____ \$ _____

MONTHLY DEDUCTIONS

CLIENT

OTHER PARTY

Number of exemptions claimed

State and Federal Taxes

\$ _____

\$ _____

Social Security

\$ _____

\$ _____

Health Insurance

\$ _____

\$ _____

Life Insurance

\$ _____

\$ _____

Other Insurance

\$ _____

\$ _____

MONTHLY LIVING EXPENSES

MONTHLY HOUSEHOLD EXPENSES -

CLIENT

OTHER PARTY

Rent or Mortgage

\$ _____

\$ _____

Property Taxes

\$ _____

\$ _____

Homeowner / Renter Insurance

\$ _____

\$ _____

Electricity

\$ _____

\$ _____

Water

\$ _____

\$ _____

Garbage / Sewer

\$ _____

\$ _____

Telephone

Residential

\$ _____

\$ _____

Cellular / Mobile

\$ _____

\$ _____

Internet

\$ _____

\$ _____

Gas

\$ _____

\$ _____

Home Repairs/Maintenance

\$ _____

\$ _____

Lawn Care

\$ _____

\$ _____

Pest Control

\$ _____

\$ _____

Cable TV / Satellite

\$ _____

\$ _____

Internet Service Provider

\$ _____

\$ _____

Misc. Household & Grocery Items

\$ _____

\$ _____

Meals Outside of Home

\$ _____

\$ _____

Other (Please List)

\$ _____

\$ _____

\$ _____

\$ _____

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\$ _____ \$ _____

MONTHLY AUTOMOBILE EXPENSES –

CLIENT

OTHER PARTY

Lease or Loan Payment	\$ _____	\$ _____
Gasoline & Oil	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Auto Tags & Licenses	\$ _____	\$ _____
Insurance	\$ _____	\$ _____

OTHER VEHICLES (boats, trailers, RV's, etc...)

CLIENT

OTHER PARTY

Lease or Loan Payment	\$ _____	\$ _____
Gasoline & Oil	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Auto Tags & Licenses	\$ _____	\$ _____
Insurance	\$ _____	\$ _____

MONTHLY CHILDREN'S EXPENSES

CLIENT

OTHER PARTY

• Child Care (total monthly cost)	\$ _____	\$ _____
• School Tuition	\$ _____	\$ _____
• Tutoring	\$ _____	\$ _____
• Private Lessons	\$ _____	\$ _____
• School Supplies	\$ _____	\$ _____
• Lunch Money	\$ _____	\$ _____
• Other Educational Expenses (LIST)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
• Allowance	\$ _____	\$ _____
• Clothing	\$ _____	\$ _____
• Diapers	\$ _____	\$ _____
• Medical/Dental/Prescriptions	\$ _____	\$ _____

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- Grooming/Hygiene \$ _____ \$ _____
- Gifts (from children to others) \$ _____ \$ _____
- Entertainment \$ _____ \$ _____
- Activities (LIST)
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____
- Summer Camp \$ _____ \$ _____

OTHER INSURANCE

CLIENT

OTHER PARTY

- Health \$ _____ \$ _____
 - Children's Portion \$ _____ \$ _____
- Dental \$ _____ \$ _____
 - Children's Portion \$ _____ \$ _____
- Vision \$ _____ \$ _____
 - Children's Portion \$ _____ \$ _____
- Life \$ _____ \$ _____
 - Children's Portion \$ _____ \$ _____
- Disability \$ _____ \$ _____

OTHER EXPENSES

CLIENT

OTHER PARTY

- Dry Cleaning / Laundry \$ _____ \$ _____
- Clothing \$ _____ \$ _____
- Medical/Dental Prescriptions (out of pocket expenses) \$ _____ \$ _____
- Gifts (Special Holidays) \$ _____ \$ _____
- Entertainment \$ _____ \$ _____
- Recreational Expenses \$ _____ \$ _____
- Vacations \$ _____ \$ _____
- Travel Expenses for Vacations \$ _____ \$ _____
- Publications \$ _____ \$ _____
- Dues / Clubs \$ _____ \$ _____
- Religious / Charities \$ _____ \$ _____

Does this Case involvement the Department of Family and Children Services (“DFCS”) and/or Department of Aging Services? YES NO

I certify that the foregoing information is true and correct to the best of my knowledge.

This _____ day of _____, 20_____.

Client Signature