

FOR OFFICE USE ONLY:

INITIALS BELOW:

In Amicus, entered:

____ both parties name, address, phone, email
____ case # entered
____ court # entered
____ status "closed"

In Amicus, was either party previously in Amicus ____ (y/n)

Fee Collected _____

Copies Made _____

Copied Driver's License or ID _____

Provide Pen _____

CLIENT QUESTIONNAIRE

[Child's Name Change]

- Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
- If a particular question does not apply, enter "n/a".
- **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law. However, if are requesting the presence of another person, such as _____, in the consultation with you, you will be waiving the Attorney-Client Privilege. _____ (your initials)
- Please attach consult fee of \$_____.
- Please provide your driver's license for copying.

CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Gender: _____ Race _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

DOB: _____ State/Country of Birth: _____

Home Phone: _____ Work Phone: _____

Other Number: _____

E-mail Address: _____ Facsimile Number: _____

Driver's License Number: _____ Issuing State: _____

Employer's Name (if any): _____

Employer's Address: _____

Employer's Telephone Number: _____

FBI, SID or other reference number to your criminal history record: _____

Have you been charged with an offense above a class C misdemeanor? _____

If yes please state the offense and date of the charge: _____

Have you been convicted of a felony? _____

Why do you want your child's name changed? _____

What are you requesting your child's new full name to be? _____

THE OTHER PARENT'S/PARTY'S INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____ Other: _____

E-mail Address: _____ Facsimile Number: _____

Driver's License Number: _____ Issuing State: _____

Is the other parent/party represented by counsel in this matter? ___ Yes ___ No

--If yes, complete the following:

The other parent/party's Attorney: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Facsimile Number: _____

Employer's Name (if any): _____

Employer's Address: _____

CHILD'S INFORMATION:

Name:	SSN:	Place of Birth:	Date of Birth:	Living With:	Sex:
					M / F

HEALTH INSURANCE

1. Do the children have health insurance? Yes / No (circle)

2. How is the insurance provided (circle one)?:
- a) A parent's employer (parent's name _____)
 - b) public health insurance (Medicaid, CHIPs, Medicare)
 - c) private health insurance not through employment

3. If so, provide the following:

Name of insurance company: _____

Policy number: _____ Group: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Please provide a brief synopsis of the matter at hand: _____
