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| **First Meeting Questionnaire** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSTRUCTIONS IN FAMILY PROCEEDINGS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Instruction: | | | | | |  | | Domestic Violence | | | | | | | | | | | | Marriage | | | | | | | Cohabitation | | | | | Children | | | |
| Office: Braintree  Sudbury  Halstead  Tiptree  Coggeshall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please bring the following to your appointment where applicable:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID - eg Photocard ID such as Passport / Driving Licence with counterpart  Evidence of your address: two items to link you to your address eg bank statement and/or utility bills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Please complete the rest of this form as completely as possible and bring it to your appointment.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CLIENT** | | | | | Mrs | | | | | Ms | | | | | | | Miss | | Mr | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | |  | | | | | | | | | | | | National Insurance No. | | | | | | | | |  | | | |  |  | |  | |  | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How Long at this address? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If less than 5 years then previous address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address for correspondence (if different from above) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Numbers: | | | | | | | Home: | | | | |  | | | | | | | | | Mobile | | | |  | | | | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of Birth: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status:  Please tick one box. | | | | Single  Divorced  Widowed | | | | | | | | |  | | | Married  Cohabiting  Civil Partnership | | | | | | |  | | | Prefer not to say  Married but separated | | | | | | | | |  |
| Occupation: |  | | | | | | | | | | | | | Full Time  Part Time | | | |  | | | | No. of hours worked per week | | | | | | | | | | | |  | |
| Income | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Health/Disabilities | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WILL** | | | | | **Have you made one?**  **Where is it?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SPOUSE/PARTNER** Mrs  Ms  Miss  Mr | | | | | | | | | | | | | | | | | |
| Full Name: |  | | | | | | | | | | | | | | | | |
| Previous Name: |  | | | | | | | | | | | | | | | | |
| Date of Birth: |  | | | | | | | | | Place of Birth: | | |  | | | | |
| Address: |  | | | | | | | | | | | | | | | | |
| Telephone Numbers | | | | | Home: | | |  | | | Work: | | |  | | | |
| Email Address: | |  | | | |  | | | | | | | | |  | |
| Occupation: | |  | | | | | | | Full Time  Part Time | | | No. of hours worked per week | | | |  | |
| Income | | | | | | |  | | | | | | | | | | |
| Health/Disabilities: | | |  | | | | | | | | | | | | | | |
| Does he/she have a solicitor already? YES  NO | | | | | | | | | | | | | | | | | |
| Solicitors Name & Address: | | | |  | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MARRIAGE /CIVIL PARTNERSHIP** | | | | | | | | | | |
| Date of marriage/ Civil Partnership: |  | | | | | Place of Marriage  /Civil Partnership: | | |  | |
| Status at marriage: | | Wife | | | Single | | | Divorced | | Widowed |
|  | |  | | |  | | |  | |  |
|  | | Husband | | | Single | | | Divorced | | Widowed |
| Wife’s surname at marriage | |  | | | | | | | | |
| Do you have an official copy of your marriage certificate? | |  | | | | | | | | |
| **MARRIAGE/CIVIL PARTNERSHIP/COHABITATION:** | | | | | | | | | | |
| Date parties started living together: | | |  |  | | | | | | |
| Date of separation (if appropriate) | | |  | | | | | | | |
| Address where they last lived together | | |  | | | | | | | |
| Reasons for separation | | |  | | | | | | | |
| Have there been previous periods of separation? | | | | | | | YES  NO | | | |
| Please provide details of the problem for which you need advice (please continue on separate page if necessary) | | | | | | | | | | |
| Do either of you have a new partner? HAS NO | | | | | | | | | | |
| **ARE THERE ANY PREVIOUS COURT PROCEEDINGS BETWEEN YOU** | | | | | | | | | | |
| Please give details: | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILDREN OF THE FAMILY**  **(Please list all whether with your current partner or not)** | | | | | |
|  | | | | | |
| Full Name of Child(ren) | 1. | 2. | 3. | 4. | 5. |
| Date of Birth |  |  |  |  |  |
| School |  |  |  |  |  |
| State/Private |  |  |  |  |  |
| Mother |  |  |  |  |  |
| Father |  |  |  |  |  |
| Address of Child |  |  |  |  |  |
| Do either of you have other children? YES  NO | | | | | |
| Who do the children live with? | | | | | |
|  | | | | | |
| **CHILDREN’S HEALTH** | | | | | |
| Illness/chronic conditions? YES  NO | | | | | |
| Details: | | | | | |
| Any contact with Doctor as a result of the incident(s)? YES  NO | | | | | |
| Details: | | | | | |
| Welfare Officer/Social Worker? YES  NO | | | | | |
|  | | | | | |
| At Risk Register? YES  NO | | | | | |
|  | | | | | |
| Present arrangements for contact (i.e. How often and between what times) | | | | | |
| Any problems where the children are living? YES  NO | | | | | |
| Children’s views on contact and where they are living | | | | | |

**FINANCIAL MATTERS**

**Please list property(ies) and approximate values, Bank accounts, ISAs, Bonds, Shares and say whether jointly owned or in your sole name**

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