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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 counterpartEvidence 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. | SingleDivorcedWidowed | [ ] [ ] [ ]  | Married CohabitingCivil Partnership | [ ] [ ] [ ]  | Prefer not to sayMarried but separated | [ ] [ ]  |
| Occupation: |  | Full TimePart 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: |

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| **CHILDREN OF THE FAMILY** **(Please list all whether with your current partner or not)** |
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| 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 [ ]  |
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| 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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