



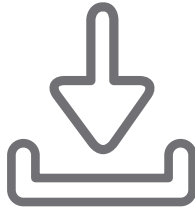
WILLIAM J. NEALON III  
ATTORNEY AT LAW

## Matrimonial Client Questionnaire

### Download

Must have Adobe Reader.

To download: <http://get.adobe.com/reader>



### Fill in Form and Save



### Email Back to Us At:



**Please Note:** By electronically completing the form and sending it back to us here at The Law Offices of William J. Nealon III, you are authorizing that this information is accurate and we have your permission to review it and get back to you.

## Matrimonial Client Questionnaire

### Wife's Information

Wife's Name	First, Middle and Last			
	Maiden Name			
	Other Prior Surnames?			
Social Security #				
Wife's Address:				
Address History (Past Three Years)				
Locality	City Limits? Yes No	Village Limits? Yes No	if no, specify Town:	
Wife's Phone:	(h)	(w)	(cell)	
Fax Number				
Wife's Email				
Date of Birth				
Place of Birth (including State)				
Race: White, Black, American Indian, Other (specify)				
Highest Level of Education Completed (circle years completed)	High School 1 2 3 4	College 1 2 3 4	5+	
# of this Marriage	select: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> _____			
Previous Marriage Ended by (circle one)	Death      Divorce      Annulment			
Wife's Employer Name & Address				
Group Health Plan: Address: Identification #: Plan Administrator: Type of Coverage:				
Wife's Annual Gross Income				

**Husband's Information**

Husband's Name	First, Middle and Last					
Social Security #						
Husband's Address:						
Address History (Past Three Years)						
Locality	City Limits?	Yes	No	Village Limits?	Yes No	if no, specify Town:
Husband's Phone:	(h)			(w)	(cell)	
Fax Number						
Husband's Email						
Date of Birth						
Place of Birth (including State)						
Race: White, Black, American Indian, Other (specify)						
Highest Level of Education Completed (circle years completed)	High School	College				
	1 2 3 4	1 2 3 4		5+		
# of this Marriage	select:	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	_____	
Previous Marriage Ended by (circle one)			Death	Divorce	Annulment	
Husband's Employer Name & Address						
Group Health Plan: Address: Identification #: Plan Administrator: Type of Coverage:						
Husband's Annual Gross Income						

**Marriage Information:**

Date of Marriage			
Where Married	City: County: State:		
Civil or Religious Ceremony?			
Date of Physical Separation:			
Marital Residence Address			
Locality	City Limits? Yes    No	Village Limits?    Yes    No	if no, specify Town:
Occupied by?		wife husband neither	
Marital Home		Estimated Market Value:	



